

PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, DECEMBER 26, 1885.

ORIGINAL LECTURES.

REMINISCENCES OF EARLY HOSPITAL DAYS.

An Address delivered before the Association of Resident Physicians of the Pennsylvania Hospital on its First Annual Meeting, held in Philadelphia, December 17, 1885,

BY THOMAS G. MORTON, M.D.

MR. CHAIRMAN AND GENTLEMEN,—Let me, on behalf of the older members, congratulate all who are present upon this memorable occasion that at last we can meet together in an "Association of Resident Physicians of the Pennsylvania Hospital," thus fulfilling earnest wishes hopefully entertained and frequently expressed by so many of the older residents. We have assembled to inaugurate this, our first reunion as a Society, and the occasion should not only bring pleasure and profit to each of us individually, but indirectly, at least, should also advance the welfare of the hospital in which all of us have a deep, abiding interest.

The year 1750 marked the birth of the hospital. Although during the previous year, and perhaps even earlier, the necessity for some refuge for the insane and the sick poor must have been frequently discussed by the benevolent people of this city of Brotherly Love, the earliest public and formal demonstration for this object was the presentation of the following:

"To the Honorable House of Representatives of the Province of Pennsylvania."

"The Petition of sundry Inhabitants of said Province, which Humbly Sheweth—

"That with the Numbers of People, the Number of Lunatics or Persons distempered in Mind and deprived of their rational Faculties hath greatly increased in this Province.

"That some of them going at large are a Terror to their Neighbors, who are daily apprehensive of the Violences they may commit; And others are continually wasting their Substance, to the great Injury of themselves and Families; ill-disposed Persons wickedly taking Advantage of their unhappy Condition, and drawing them into unreasonable Bargains, etc.; That few or none of them are so sensible of their Condition as to submit voluntarily to the Treatment their respective Cases require, and therefore continue in the same deplorable State during their Lives: whereas it has been found by the Experience of many Years that above Two-Thirds of the Mad

People received into the Bethlehem Hospital, and there treated properly, have been perfectly cured.

"Your Petitioners beg Leave farther to represent, That the good Laws of this Province have made many compassionate and charitable Provisions for the Relief of the Poor, yet something farther seems wanting in favor of such, whose Poverty is made more miserable by the additional Weight of a grievous Disease, from which they might easily be relieved if they were not situated at too great a Distance from regular Advice and Assistance, whereby many languish out their Lives, tortured perhaps with the Stone, devoured by the Cancer, deprived of sight by Cataracts, or gradually decaying by loathsome Distempers, who, if the Expense in the present Manner of Nursing and Attending them separately when they come to Town were not so discouraging, might again, by the judicious Assistance of Physic and Surgery, be enabled to Taste the Blessings of Health, and be made in a few Weeks useful Members of the Community, able to provide for themselves and Families.

"The kind Care our Assemblies have heretofore taken for the Relief of sick and distempered Strangers, by providing a Place for their Reception and Accommodation, leaves us no room to doubt their showing an equal tender Concern for the Inhabitants. And we hope they will be of Opinion with us, that a small Provincial Hospital, erected and put under proper Regulations in the Care of Persons to be appointed by this House or otherwise, as they shall think meet, with Power to receive and apply the charitable Benefactions of good People towards enlarging and Supporting the Same and Some other Provisions in a Law for the Purposes above mentioned, will be a good Work, acceptable to God and to all the good People they represent. We therefore recommend the Premises to their serious Consideration."

This petition, which is without doubt in the handwriting of Benjamin Franklin, is not signed by that distinguished man, probably from the fact that at this time he was before the people for public office (he soon after was elected to represent the city of Philadelphia in the Provincial Assembly). The wording of this petition is at once forcible and significant, not merely advocating the needs of the sick and injured, but the insane are referred to first, as if constituting the most important subject for legislation, and in a manner which is truly humane and highly enlightened. The views thus expressed on behalf of this afflicted class were certainly half a century in advance of the times, and this document remains an imperishable monument to the

honor, intelligence, and philanthropy of the originators and promoters of this charity.

There lived in Philadelphia at this period a Dr. Thomas Bond, who was born in 1712 in Maryland; afterwards coming to this city, he became one of its most distinguished physicians and citizens. Dr. Bond was a man of very great benevolence and was universally esteemed. He unquestionably was the originator of the movement to erect the hospital, and he was, as well, the founder—in 1766—of the first course of clinical lectures at this hospital, and indeed in this country. It seems eminently fitting that this great charity should owe its inception and first impulse to the efforts of a member of the medical profession. Dr. Bond belonged to a literary society with Franklin and Bartram, and doubtless the future hospital was the frequent subject of their discussions. So much interest did they take in it that it was through Dr. Bond's personal efforts that the first subscriptions were obtained. Later, Franklin becoming interested, the subscriptions increased to such an extent that the enterprise was in a position to invoke legislative assistance in order to insure its permanent success.

The petition was read in the Provincial Assembly Eleventh Month 23, 1750 (as the civil and ecclesiastical year then commenced the 1st of March, the date Eleventh Month 23 would correspond to First Month or January 23 of ordinary chronology, and it is so endorsed on the petition). The "Act for the relief of the sick poor of this province and for the reception and cure of Lunatics" was finally passed, and on Third Month 11 (or May 11, 1751 A.D.) it finally became a law and the charter of the hospital.

This act appropriated in aid of the hospital two thousand pounds from the treasury of the commonwealth, provided a like amount could be raised by private subscription. All who gave ten pounds or upwards were made contributors. The first meeting was held shortly afterwards in the Old State-House.

This charter provided that the contributors should meet on the first Monday in May yearly, forever, and that the rules they made should be obligatory when approved by the Chief Justice of the State, the Speaker of the Assembly, and the Attorney-General. On July 6, 1751, the managers addressed the proprietaries John

and Richard Penn, in England, and asked the donation of a lot of ground on the south side of Mulberry (now called Arch) Street, between Ninth and Tenth, upon which to build the future hospital. The proprietors sent a charter and a grant for the lot of ground on Sassafras (now Race) Street between Sixth and Seventh (which is now known as Franklin Square). Both charter and lot were declined; the former because they had already received a better charter from the Assembly, the latter owing to the fact that the ground offered was inconvenient and unsuitable, because, as the managers stated, it was "contiguous to the brickmakers' grounds, from which the city hath been furnished with bricks for forty years past; that there are large ponds being constantly filled with standing water, renders the neighborhood unhealthy, and of course absolutely improper for our purpose, which is to restore the sick to health." The present lot (except the Spruce Street front, to the depth of sixty feet, which was subsequently presented by the Penns) was purchased in December, 1754, for five hundred pounds. The corner-stone of this house was laid May 28, 1755, with the following characteristic inscription by Franklin:

"In the year of Christ
1755
George the second happily Reigning
(for he sought the happiness of his people)
Philadelphia Flourishing
(for its inhabitants were public spirited)
This Building
By the Bounty of the Government
and many private persons
was piously founded
For the Relief of the Sick and Miserable.
May the God of Mercies
Bless the undertaking."

In 1794, the crowded condition of the wards in the east wing (which had been occupied since its completion in December, 1756) from the "increasing number of lunatics excluding the sick and injured," demanded more accommodations, and the west wing was then commenced. It was finished in 1796; but the central portion was not built until 1805. The lots east and west of the hospital, and south on Pine Street, were afterwards purchased for nine thousand dollars, and afterwards were sold for three hundred and twenty-six thousand five hundred dollars, which was all subsequently expended on

improving the grounds and in erecting the buildings of the Hospital for the Insane in West Philadelphia.

Before the Pennsylvania Hospital was built, a private house on the south side of Market Street, west of Fifth, had been secured and occupied through the energy of Dr. Bond, who, with his brother Phineas and Lloyd Zachary, agreed to attend the sick gratis for two years. Drs. Grame, Cadwallader, Moore, and Redman were in extraordinary cases requested to give their services.

Into this temporary hospital, which was used four years, the first two patients were admitted on February 11, 1752, the day the hospital opened. One was a lunatic, and, oddly enough, named Shines.

In 1760 there were so many insane in the hospital that "two constables were hired to keep people away from the lunatics." The insane, after removal to this house, but prior to the building of the west wing, were kept in the basement cells, and some in the second story and attic of the east wing. I found among the records this curious note:

"Thomas Perrin, an insane patient, was allowed to eat, sleep, and live in the cupola of this wing from 1765 to 1774; he never left his cramped quarters, either in summer or winter."

He was noted for his long nails and beard, his matted, dishevelled hair, and for his insensibility to cold, since "he never," the record states, "in the coldest weather of nine winters, came near to a fire."

The day-rooms for the insane, subsequent to 1826, until their removal to the new Department, were over the present stables. The women had the northern, and the males the southern portion. The exercising-yards were the present yards and a part of the front garden. After the insane were removed, in 1840, an attempt was made to use the cells for private rooms for pay-patients, but the scheme failed.

In 1808, Drs. Rush, Physick, and Barton recommended the managers to open the wall on Pine Street opposite the centre of the house, to introduce more fresh air. Dr. Wistar united in the view, "provided it can be done without depriving the insane patients of a proper place to walk in." When the Pine Street lots were sold, it was agreed with the purchasers

that the Pine Street gate, then the only public entrance, should be closed.

It is satisfactory to note how charitably the early judges in this State construed the laws when the insane were charged with crimes. In 1782, Peter Leshner, of Bucks County, was tried and acquitted of murder on the ground of insanity. Chief Justices McKean, Atlee, and Bryan wrote to the managers with regard to this patient, "As his insanity still continues, and he is not yet eighteen years of age, and has frequent lucid intervals, we are of the opinion that he may be restored to his reason by proper management."

Numerous instances are on record when the insane were brought to the hospital having been acquitted of murder and other high crimes, as "insane by visitation of God," and ordered to be kept in the hospital "until it shall please God to restore them." The insane were detained simply on the certificate of a physician.

Dr. Rush, who was elected one of the physicians in 1783, and served until 1813, was one of the most notable men of his time. He was surgeon-general of the Revolutionary army, member of Congress, one of the signers of the Declaration of Independence, and first treasurer of the first United States Mint. Dr. Rush made several attempts to ameliorate the treatment of the insane in this hospital. Their condition too often was wretched, and the care given to them was miserably inadequate. Dr. D. Hack Tuke, in his book just published, entitled "The Insane in the United States and Canada," London, 1885, gives a biographical sketch of Dr. Rush, who is referred to as "a remarkable physician and excellent man," known as "the American Sydenham." Dr. Tuke calls him the "American Fothergill." Dr. Tuke says, "I am not aware that there is anything which shows that he [Rush] was struck with the inadequate provision made for them [the insane], or their miserable state at that time in gaols and almshouses, and even in the cells of the basement of the Pennsylvania Hospital in Philadelphia. These receptacles survive as relics of the past to indicate the wretched provision made for maniacs in those days."

Among the papers which I recently discovered is a letter of Rush's to the managers, written in November, 1789, which shows that Dr. Rush had the care of the insane more at heart than Dr. Tuke has

credited him with having. In this letter Dr. Rush says,—

"Under a conviction that the patients afflicted by madness should be the first objects of the care of a physician of the Pennsylvania Hospital, I have attempted to relieve them, but I am sorry to add that my attempts, which at first promised some success, were soon afterwards rendered abortive by the cells of the hospital.

"These apartments are damp in summer, and too warm in winter. They are, moreover, so constructed as not to admit readily of a change of air: hence the smell of them is both offensive and unwholesome.

"Few patients have ever been confined in these cells who have not been affected by a cold in two or three weeks after their confinement, and several have died of consumption in consequence of this cold.

"These facts being clearly established, I conceive that the appropriating of the cells any longer for the reception of mad people will be dishonorable both to the science and humanity of the city of Philadelphia.

"Should more wholesome apartments be provided for them, it is more than probable that many of them might be relieved by the use of remedies which have lately been discovered to be effective in their disorder."

During the early history of the hospital the more violent insane, as was universally the custom, were harshly controlled. Among the old papers I found a bill from John Cresson, dated 3d mo. 7, 1752, against "ye Hospital for a pair of hand-cuffs, and for 2 legg locks, and 2 large rings and 2 large staples, 5 links and 2 large rings and 2 swifells for leg chains;" and that this mode of restraint was customary is shown by two letters from a patient to the managers. In the first, dated September 20, 1782, the writer says, "I am confined here in chains at the instance of a relation of my wife's. I hope you will desire the steward to unchain me, but as his duty he could not do less." On September 25 he again writes, "The present serves to inform you that, pursuant to your orders, I am unchained." Mr. Wm. G. Malin, who is, I am glad to say, with us this evening, and whose hospital life dates from 1825, says that he remembers but few instances, however, during this early period where chains were used, and that, although these were made of metal, they were covered with leather. Although the Pennsylvania Hospital early in its history naturally followed the prevailing custom, which harshly coerced the more violent cases, we should likewise

remember that in this house nearly seventy years ago, far in advance of the times, were introduced those enlightened and humane views which later became generally accepted, and which make amusements, occupation for mind and body, consideration and kindness, with the absence of mechanical restraint, the basis of the treatment of this most afflicted class.

The very remarkable influence which this hospital, even in its early days, exerted for good in the community was due to the combined efforts of the managers and their officers, whose wisdom, broad charity, and integrity have never been brought in question; and I may be permitted to say that the constant personal attention of the managers, and their recognized care in the selection of the medical appointments, have made an enduring name for this institution.

The "seal" of the hospital, made upon Franklin's suggestion, in 1752, represents the Good Samaritan, and is simply a typical representation of what the hospital has been doing for the past one hundred and thirty-five years.

As early as 1752 we find a curious resolution, which shows the care the managers attempted in the selection of its officers:

"That the physicians of the hospital, or such practitioners as are to perform operations, shall first give demonstrations of their skill and abilities in anatomy operations, dressings, and bandage, before the managers, and such others as the managers may think fit to join with themselves to assist in judging of the performance of such practitioners."

It is probable that this resolution was never carried out. The rules also for patients, made in 1752, were probably more stringent than the application of them, for in May, 1752, the first surgical case admitted (an encysted tumor) was allowed to bring her infant into the hospital with her. The record in 1756 states that "a patient judged incurable, but must perish in the streets if not admitted, is therefore allowed to enter."

In 1764 a lunatic was admitted, who was taken up in the streets naked. Up to 1767 venereal diseases were admitted on the free list; after this they were made to pay. In 1777 the British for a time occupied the hospital, and this year there were no meetings of the Board of Managers for many months, four of its members having

been banished to the wilds of Virginia as Tories. The following year the inspector-general of the British army stripped the hospital of blankets, bedding, medicines, and instruments. The latter were the finest in the country, and no restitution or reparation was ever made for the losses thus inflicted.

It is curious to read in the minutes of 1804 that the managers purchased a Dutch servant-man. The record says, "The principal object the managers had in view in buying him is to employ him in the apothecary-shop, to keep it clean and in good order, and to go on such errands as may be necessary in the Medical Department."

The hospital has always been popular, and among all classes. Prior to the Revolution considerable assistance was received from the English, more especially from the Society of Friends there, who contributed largely to its funds. The earliest gift of landed property, about four acres, near Germantown, came during the first year of the hospital history, from Matthew Koplin, a German gentleman. The donor wrote to Christian Sauer, who was a Dunkard, and the founder of the first Pennsylvania newspaper, and who was a great friend of the hospital movement, that

"The proposed institution has not such a foundation nor is like to become such a hospital as I have seen and known in Germany, where great sums of alms were collected and ill used, according to the affection of the single master of the hospital, governed by self-love, enriching themselves and favoring their friends, so that they lived in plenty, superfluity, and voluptuousness, insomuch that they could keep horses and coaches for themselves like rich people, although they had nothing before, nor any income but out of the funds of the hospital, when on the contrary the poor and needy were not taken care of according to their necessity, because it was consumed otherwise."

In reply, the Board say, as a caution to future managers against such misapplications, they "have ordered this letter to be copied within their Book of Minutes, that it may be preserved to posterity as the testimony of the original intentions of the founders of this pious institution."

In 1760, a sum of money having been contributed by the acting of a stage-play, the managers in accepting this thought it necessary to give their reasons for receiving "so profane a donation,"

In 1764 the celebrated Whitefield gave the hospital five pounds, and in 1765 he preached a sermon, at which more than one hundred and seventy pounds was collected and sent to the hospital.

"Rich widows and other single women" were solicited to subscribe, which they did handsomely. Jury-fines, contested sums of money, sums in the hands of trustees, assignees, and others, not claimed, and fees of various kinds were all sent here, thus showing the interest felt in the early days of the hospital. Time will only permit me to refer to some of the early gifts to the institution, the most conspicuous being that of the picture of "Christ Healing the Sick," by Benjamin West, promised by him in 1791, but which did not reach the hospital until late in 1817. Other gifts, not so valuable pecuniarily, though intrinsically beyond price, were also received. The chair in which our chairman rests belonged to William Penn. It was given to the hospital by Henry S. Drinker in 1810, and is said to have been used by the founder of Pennsylvania when giving audiences to the Indians at Pennsbury Mansion. The William Penn brass candlesticks, given about the same time by John Hulme, were unfortunately sold for old brass by a former matron. The fine marble bust of "Penn," now at the Insane Department, was presented by Traquair in 1802, and is said to have been the first executed in this country. The leaden statue which adorns the lawn in front of the hospital was given in 1804 by John Penn, the grandson of William Penn.* The excellent portrait of Samuel Coates, who served the hospital as manager from 1785 to 1825, more than forty years, was painted by Thomas Sully, and by him presented to the institution. The portrait of Sir Astley Cooper was presented by the late William R. Clapp, who was librarian for many years.

The hospital has at times sustained some unavoidable monetary losses, though in a manner over which the management had no control. Especially was this the case in the years 1779-80-81, when loans and other debts due the hospital were paid off

* The statue of Wm. Penn was originally the property of Sir Francis Dashwood, who was Lord Le Despencer from 1763 to 1781, and stood in West Wycombe Park. His successor did not admire the Founder of Pennsylvania, and sold the statue for its value as lead. It was found in a London junk-shop by a grandson of Penn, who bought it and presented it to the Hospital.

in Continental money, then so depreciated that the loss was estimated at forty thousand dollars.

From the earliest times it was the custom of the students in physic to walk the wards with the hospital physicians. In 1763 a fee was required of those who were not apprenticed to the physicians. At this time the library and the fund to support it came into existence. The physicians on May 31, 1763, state, "That as the custom of most of the hospitals in Great Britain has given such gratuities to the physicians and surgeons attending them, we think it properly belongs to us to appropriate the money arising from thence, and propose to apply it to the founding of a 'Medical Library' in the said hospital, which we judge will tend greatly to the advantage of the pupils and the honor of the institution." Such was the origin of this great collection of books, for a long time unequalled on this continent, and now surpassed by few libraries exclusively medical. It now contains fully fifteen thousand volumes, besides many pamphlets, kept in excellent condition.

The first medical book which formed the nucleus of the library appears to have been a present, in the year 1762, from Dr. John Fothergill, an English physician, highly distinguished for benevolence and professional skill, and a member of the Society of Friends. Dr. Franklin once said of him, "I can hardly conceive that a better man ever existed." This gift probably suggested the idea of establishing a medical library. Dr. Fothergill was thanked for an experimental history of the "Materia Medica," by William Lewis, F.R.S., London, 1761; and donated by him for the benefit of young students in physic.

The "Medical Fund" increased rapidly, more than was thought could then be judiciously expended in books, so that upon the suggestion of the medical board one thousand dollars was given from the fund, by the consent of the physicians, to finish the library. Eighteen hundred dollars in like manner was appropriated to complete the operating cupola-room. The apothecary-shop subsequently received fifteen hundred dollars; and thirteen hundred dollars went to purchase clothing for poor patients, for stoves, fuel, and fencing a large amount, and nearly five hundred dollars was paid to Sully for the large portrait of Rush now adorning the landing-

place of the principal stairway outside the library door.

It has been a matter of consideration whether more good could not be accomplished if the library, instead of remaining here, were placed on deposit with the College of Physicians, the owner of a fire-proof building in the city.

The resident physicians in olden times were charged with all the books lost or missing from the library during their terms of service. Dr. James Hutchinson and others were thus charged with books lost or mislaid. Dr. Joseph Hartshorne is mentioned as a delinquent for four octavo volumes; Dr. C. S. Hopkins, besides being charged with a very large number of lost books, had charged against him one hundred and five tracts. The care of the patients was intrusted to students who lived in the house; they also acted as apothecaries, although now and then professional apothecaries were engaged for a salary. In 1770, William Smith, an apothecary, was imported from England. He received one hundred pounds a year, "with good and sufficient meat, drink, washing, and lodging, such as is necessary, usual, and customary for one in his station." His bond was very carefully executed and signed in London. When apprentice students were introduced, this plan was abandoned, so that from 1787 to 1821 the duties of apothecary were performed by the medical apprentices.

In 1820 the present system of resident physicians was adopted. In the admission books of early times we find patients admitted with some strange diagnoses,— "eruptions all over," "a very bad sore leg," "a rotten leg," "a bad eye," and "a very bad sore head;" and one had "a bad cough and short breath," and another "a decay." The apprentices (some of the early ones also acted as stewards) were indentured to the hospital by a bond which in its provisions seems rather iron-clad. Fortunate indeed have been some of the residents of later times, that no such security is demanded.

Jacob Ehrenzeller received the first appointment as medical apprentice, in 1773. He was indentured to serve five years and three months. He had leave to attend lectures out of the hospital during the last two years of his apprenticeship, and enjoyed the privilege of the hospital lectures free of expense. There were three appren-

tices. The oldest became a graduate before the expiration of his indentures. John Saxton, the steward, in 1774 applied to apprentice his son, aged fourteen years, for seven years.

The managers made some very strict rules; for instance, they resolved that

"The apprentices shall on no occasion be absent from the house without leave expressly obtained from the sitting managers; they are to look for no indulgence by leave to attend parties of pleasure or places of amusement, nor to be abroad in the evening; nor will it be considered for their benefit to receive visits at home,—none of these things making any part of the views of careful parents or friends in placing them, nor of the managers in securing them as apprentices."

In 1814, John Rhea Barton, who was subsequently elected and served thirteen years as an attending surgeon, was indentured to the hospital for five years; his bond reads:

"During which time the said apprentice his said masters faithfully shall serve, their secrets keep, and their lawful commands every way obey; he shall do no damage to his said masters, nor see it done by others, without letting his said masters have notice thereof; he shall not waste the goods of his said masters, nor lend them unlawfully to any; he shall not commit fornication nor contract matrimony within the said term; he shall not play at cards, dice, or any other unlawful game, whereby his said masters may have damage. With his own goods, or the goods of others, without license from his said masters, he shall neither buy nor sell; he shall not absent himself day or night from his masters' service without their leave, nor haunt ale-houses, taverns, or play-houses, but in all things behave himself as a faithful apprentice ought to during the said term."*

The said John Rhea Barton further covenanted to "provide himself with a feather-bed for his own use, which bed he is to leave in the hospital when he leaves it." He also agreed to deliver up the books in the medical library and articles in the museum as they were delivered to him, etc.

For all this it was covenanted

"That the said masters shall use the utmost of their endeavors to teach, or to cause to be taught or instructed, the said apprentice in the trade or mystery of an apothecary, and provide and procure for him sufficient meat

and drink, room to lodge in, and washing fit for an apprentice."

That the managers of this hospital recognized the ability and faithfulness of the medical apprentices is well shown in the parting with Dr. Joseph Hartshorne, in 1806, who resigned one month prior to the expiration of the term for which he was elected as an apprentice, in order to take a voyage to India. The minute states, and I quote only a small part, "that his conduct has been uniformly such as to merit the entire approbation of the managers and patients, and to secure him their esteem and highest respect. In the practical duties of his profession he has displayed, under the inspection and advice of six of the most eminent physicians and surgeons of Philadelphia, a skill seldom to be met with in a practitioner of his years, and the uncommon success with which his practice was marked left us no cause either to regret or to diminish our confidence in him."

Dr. Hartshorne became one of the most distinguished physicians that Philadelphia has produced: he died in 1850. One who knew him well said of him, "He was the most scrupulously truthful man I ever knew." The estimate the Board of Managers placed upon him was thus fully realized.

The first matron, elected in 1751, served nine years, during which period she also acted as steward. She received twenty pounds a year, and firewood, provisions, and accommodations for herself and two children. The stewards, the first having been appointed in 1758, seem to have acted in various capacities.

The bill of John Story, in 1779, charges for services as steward, physician, resident apothecary, and surgeon, for three years and seven months; and it seems, from one of the items, that his daughter had been for years the hospital cook.

Curiously enough, two burials have been found in the garden of the hospital. The first was that of Charles Nicholes, in 1808; the other was the wife of Stephen Girard, in 1815.

The grave of the former is directly opposite the present entrance; that of Mrs. Girard is a few feet to the west. The north wall of the present clinic-room rests upon these graves, so that the marble tablet which marked the grave of Nicholes, in

* This form of indenture appears to have been in common use during the early part of this century in Great Britain. (See *Philadelphia Medical Times*, vol. xv. p. 336.)

1868, was necessarily removed when the amphitheatre was erected. Charles Nicholes, in his will, requested that his body be buried within the limits of the yard, and left the hospital five thousand dollars. He directed his grave to be enclosed by a palisade, with a monument and a suitable inscription, and one thousand dollars was bequeathed for this purpose. To his physician and executor, Dr. Rush, he left one hundred dollars to write the inscription. The hospital has since continued to receive the benefit of this legacy, which the managers, in their minutes, then stated was "the largest ever bequeathed to the hospital by an individual." The grave of this benefactor of the hospital is now unmarked, and his tombstone lies neglected, broken and defaced, far from his remains.

This temporary omission to fulfil such a trust will undoubtedly soon be rectified. Dr. Rush stated that Nicholes, who was born on the island of Jersey in 1759, came to this country when very young. By strict integrity in mercantile business he accumulated in different parts of Europe and the United States about twelve thousand dollars, all of which he bequeathed in public charities. He informed Dr. Rush that no one living had any claim upon his duty or affection. He died December 31, 1807.

Stephen Girard's wife, Mary, was admitted for the first and only time as an insane patient, August 31, 1790, and died here September 13, 1815. In the month of January, four months after her admission, the sitting managers reported to the board their apprehensions that she was pregnant, and they called on Girard to take her home; but she was retained at his special request, and on March 3, 1791, was delivered of a female child, by Drs. Hutchinson and Gardener, just six months and three days after her admission into the hospital.*

I have thus given you some of the incidents connected with the early history of this institution. Many of these are new; they have all an interest. Some of these I have obtained in the discovery of ancient papers of the hospital which recently I made, others have been taken from the hospital records, and others were found for me by Mr. Malin, our friend of many years, around whom cluster so many

happy associations. I know that I express the earnest hope of all present in saying, may he long be spared, to share with us the pleasures of our annual meetings.

I could not bring these remarks to a close in a more fitting way than by passing in review the many contributions which the medical officers of the hospital have rendered to science, and the service it has thereby been enabled to render medical education in this country, directly and indirectly, in its long and honorable career. During this long period of usefulness it has been utilized for the benefit of medical science, not only by training its medical apprentices and students and the thousands of students and physicians who have annually crowded its amphitheatre, but it has also been made to contribute very largely to the literature of medicine of the day.

The medical officers have been usually men of large attainments, and have frequently contributed to the medical press interesting reports, essays, monographs, and systematic works, and have originated, while in actual service of the hospital, not a few novel methods of treatment, which have since become the general property of the profession. However, as I understand that these will be considered in the paper to be read by our chairman, it will not be necessary for me to refer to them in detail.

In bringing these remarks to a close, allow me to express my gratification at seeing so large an attendance here this evening, many having come from a distance. May this be but an earnest of the future prosperity of the association which we have this evening so auspiciously inaugurated!

ORIGINAL COMMUNICATIONS.

REMARKS ON THE CLIMATE-TREATMENT OF PULMONARY CONSUMPTION.

Read before the Philadelphia County Medical Society, December 9, 1885.

BY J. C. WILSON, M.D.,

Physician to the Philadelphia Hospital and to the Hospital of the Jefferson College.

THE subject of the climate-treatment of consumption is, Mr. President, much too comprehensive to be adequately discussed in a single evening. When we consider that this subject has a very extensive literature of its own; when we recall

* This, the only child of Stephen and Mary Girard, died August 29, 1791.

in this department of therapeutics the labors of Weber, Bennet, Sparks, Jourdanet, Beneke, and others abroad, and of Flint, Loomis, Dennison, Geddings, Tyndale, and Kenworthy, in this country; and when we glance at the difficulties of the subject itself, which embraces many unsolved problems, it is apparent that in a brief paper salient points only can be taken up, and that even these must be treated in a manner suggestive rather than exhaustive. If, in the course of my remarks, particular localities are mentioned, it will be rather by way of illustration than with any view of attempting to describe them or their merits.

To the practitioner, the main questions that suggest themselves are two. First, what individuals are likely to receive benefit from this treatment? and, second, to what particular localities are such individuals to be sent?

I regard the answer to the first of these questions as fraught with the most serious responsibility. It is not enough to determine that any particular patient is likely to be benefited by a change of climate, but the decision must in every case be influenced by numerous collateral considerations of importance. These relate to the occupation of the patient, his family ties, means of support, habits, mental peculiarities, and the like. As a matter of fact, the proportion of patients who are able to avail themselves of the treatment by climate is necessarily a small one, the expense being such that few can afford it. For the majority, this treatment means, in a word, the abandonment of home and of family and business interests, which are scarcely less important than health itself, for a search after health which proves too often a vain one. These sacrifices are the more difficult to make, for the reason that, to secure the desired end, they must in most cases be made at a time when the patient is still able to pursue his ordinary avocations and is indisposed to regard himself as an invalid. For the poor, then, or those who have others dependent upon them, the climate-treatment of consumption is too often unavailable. More fortunate are they whose means and personal independence permit them to undertake those changes of residence which offer the best promises for restoration to health, and at a time when these promises are likely to be fulfilled. Too often among

this group are those in whom the character of the disease and the family history may give rise to fair doubts as to the expediency of an exile from home and friends as a means of treatment. I refer particularly to individuals whose family history shows a strong predisposition to pulmonary consumption of rapid form and developing in early life. The risks of sending such individuals away from home, especially if they are obliged to go alone, are such as to make a careful physician hesitate, even though the evidences of phthisis may be as yet slight.

The question as to the time at which patients are to be sent away is of cardinal importance. Those will derive most benefit from change of climate who make it at an early period in the course of the disease. On the other hand, there is little doubt that lives are often prolonged and made comfortable by change of climate after the disease has made very considerable progress. Less regard is to be paid, in this connection, to the stage of the disease as indicated by the physical signs than to its previous course and rate of progress, and to general constitutional conditions relating to strength, nutrition, appetite, digestion, the presence or absence of fever, and the like. The phthisis of young persons of a bad family history, that form characterized by sudden onset, rapid development, and fever from the beginning, is little likely to be arrested by climatic change. To such persons, who are usually unwilling to recognize the gravity of their illness, travel and hotel life are attended with extreme hardship. They constitute a large proportion of those to whom the climate-treatment of consumption does more harm than good. Patients likely to derive the greatest benefit from change of climate belong to one or the other of the following groups of cases: first, those with a bad family history, in whom the climate-treatment is adopted early; second, those in whom the disease is of slow development; third, those in whom the physical signs of pulmonary lesions are associated with slight or only moderate constitutional disturbance; fourth, cases of fibroid phthisis which are the result of long-continued recurrent or chronic bronchitis, particularly those forms which develop in middle life and are of slow progress, and in which the symptoms are aggravated by vicissitudes

of the weather. Many of the patients forming these groups can scarcely be classed as invalids, and are always unwilling to regard themselves as such. Hence they are with difficulty induced to make those personal sacrifices which the climate-treatment demands. He will reap most benefit from change of climate who still has the strength and health to live in the open air, to amuse himself, and to be occupied in mind and body; he the least who finds himself an invalid, feeble, wretched, suffering, away from home and friends, too weak for occupation, too wretched for amusement, a stranger in a strange land. We must not overlook the facts, also, that the exile must in many cases be a long one, that the cure is often found to have been only apparent when the patient returns to his city-life and his old occupation, and that the *poitrinaire*, having found a climate that suits him, does wisely if he takes up his permanent residence in it.

When we come to the consideration of the second main question, — namely, "Where are we to send our individual patient?" — we encounter difficulties still more important. It is no easy task to determine beforehand with precision what particular locality will most benefit a given patient. Whilst the difference in this respect between mountain and maritime climates is probably less than has been thought, it by no means follows that the choice is a matter of indifference. On the contrary, it has been found by experience that, from the therapeutic standpoint, climates useful to certain individuals are disastrous to others. We must here consider also many collateral subjects which relate to the physical and mental well-being of our patient: the character of the life, society, comfort of living, food, amusement, too great congregation of other invalids, etc. Nor must we overlook the necessity for skilled medical advice in case of emergency, its desirability at all times. A multitude of matters demand careful consideration in the selection of the locality. Many of these are difficult to ascertain; the sources of information are not always satisfactory; yet more knowledge concerning them than is sometimes possessed by the physician would save much unnecessary expense and trouble and loss of precious time on the part of the patient. One of

the objects of the recently-organized American Climatological Association is the accumulation of reliable data of all kinds in reference to the health-resorts of this and other countries.

The reputation of particular localities in the treatment of phthisis must have been originally the result of observation, and must have depended upon the recognition of two facts: first, the slight prevalence and low death-rate from phthisis in a given locality; and, secondly, the improved health of individuals suffering from the disease after coming to it. The reason why the climate of particular localities is beneficial is only now being scientifically worked out with great labor. It has been suggested that the immunity from phthisis in situations which are sparsely settled may be due not so much to climatic influences as to the fact that these situations are free from influences which contribute to the prevalence of the disease in cities and other thickly-settled places, such as in-door occupation, overcrowded dwellings, etc.

Various attempts have been made to classify climate, with more or less want of success, for, as Yeo suggests, in most instances what has been gained in precision has been lost in accuracy. This observer regards as well grounded the fundamental division into (a) sea or insular climates, (b) inland or continental climates. Other divisions have been suggested, as into (a) dry and (b) humid; or, again, into (a) the climate of plains and (b) the climate of altitudes; or, again, into torrid, warm, temperate, cold, or polar climates. Denison, of Denver, has suggested a classification of climates based upon an equitable combination of the humidity statistics of the atmosphere, his object being to rate the sections according to their records in such a way as to indicate numerically the relation in respect to cloudiness, relative humidity, and absolute humidity. Finally, Germain Sée divides climates into three categories, viz.: (1) warm maritime climates; (2) climates of altitudes, which are necessarily cold; and (3) climates of low countries, not maritime.

Broad generalizations in regard to the climate of particular localities are, however, apt to be misleading. The climate of a place is in reality the sum of influences relating to its temperature, altitude, soil, drainage, vegetation, cultivation, popula-

tion, prevailing winds, and its nearness to or distance from large bodies of water on the one hand or abrupt mountain-ranges on the other. Variations in any one of these factors may occasion important modification. We all understand the value of sunshine in our rooms; but in most winter-stations, whether in high altitudes or upon the sea-coast, the differences between rooms with a northern and those with a southern exposure are such that the former are practically uninhabitable, and no traveller in Italian cities has failed to be impressed with what might be termed the difference in climate between the sunny and the shady side of the street. A cardinal error, therefore, is that of regarding climate solely from the stand-point of the meteorological data of a place or region.

The general properties of maritime climates may be briefly summed up as follows: (*a*) humidity, uniformity of temperature between winter and summer, as well as between day and night, with sudden changes determined by local influences; (*b*) high barometric pressure, with marked though regular oscillations; (*c*) an alternation of land and sea breezes; (*d*) abundant sunlight; (*e*) abundance of ozone, the excess of which is due to the physico-chemical action of sunlight, evaporation, and the motion of the air. It is possible that the presence of ozone in large amounts has much to do with the favorable influence of sea air upon nutrition; (*f*) comparative or absolute freedom from organic and inorganic impurities in the atmosphere, except malaria, which is occasionally present. Of minor importance is the presence of saline particles suspended in the air, such as small amounts of iodine and bromine in combination.

Beneke discovered in 1872, as the result of experimental investigations into the action of sea air conducted on the isle of Norderney in the North Sea, and of mountain air at a point near Interlaken, that heat is lost from the self-same apparatus more slowly on the tops of mountains than on the shores of the North Sea, and this notwithstanding the fact that the mountain-temperature was almost constantly lower, a circumstance which would have led us to expect a more rapid loss. He also observed at the sea-shore increased tissue-change, manifesting itself by an increased elimination of urea and sulphuric

acid, diminution of uric and phosphoric acid, and increase of body-weight.

Beneke observed, in addition to these facts, in the sea-climate, slight slowing of the respiration and of the pulse, which he ascribed to the increased barometric pressure and to the humidity. The favorable results of warm maritime climates in the treatment of phthisis appear to be due in part to the increased barometric pressure favoring the entrance of larger amounts of air into the lungs; to the frequent and often rhythmical variations in the barometric pressure, which directly favor the action of the organs of circulation and respiration, and effect indirectly an unquestionably favorable influence upon organic life. They are partly due also to the large amounts of ozone present and to the absence of organic and inorganic impurities in the atmosphere. Certain observers ascribe the beneficial influence of sea-climate wholly to conditions which render it unfavorable to the support and development of the tubercle-bacillus.

This category includes the climates of the sea, small islands, the coast-line, and peninsulas. Among maritime climates in this country suitable for winter-stations for those suffering from consumption are those of the peninsula of Florida and of Southern California. Important as they are for the climate-treatment of other conditions, Atlantic City, Cape May, and Old Point Comfort can hardly be regarded as adapted to the climate-treatment of phthisis; but this does not apply with equal force to all Northern sea-side resorts, for Newport possesses peculiarities which unquestionably exert a favorable influence over the course of certain chronic pulmonary disorders.

It is very easy to recognize what is meant by a sea-climate. When, however, we come to speak of mountain-climates, we are at once met with a difficulty which must be overcome by a purely conventional arrangement. This difficulty relates to the altitude. The limits of high-altitude climates extend from about three thousand feet to seven thousand feet. Below this belt the climate could hardly be regarded as a climate of high altitude for therapeutic purposes; above it, except for occasional purposes and short periods of residence, the climate is undesirable.

The general properties of high-altitude climate are (*a*) its lower temperature.

The medium loss of temperature is 1.8° F. for every five hundred and twenty feet of elevation during summer, and every nine hundred and ten feet during winter. It follows from this that the summits of mountains are relatively much warmer in winter than in summer. Actually, however, the temperature is not only lower, but there are greater differences between day and night than at the sea-shore.

(b) Diminished humidity, although in this respect there are great variations, which depend in part upon the configuration of the land (acting by modifying condensation), and in part upon the presence or absence of vegetation; (c) greatly-diminished barometric pressure in proportion to the height, without the rhythmical variations of sea-climates; (d) abundant sunlight; (e) excess of ozone; (f) comparative freedom from organic and other impurities.

At the beginning of a sojourn in a high altitude the heart's action is increased in energy and frequency; this increase, however, is of short duration. The respirations are also at first more frequent and deeper, and the thorax becomes slightly enlarged; but these changes are likewise transient. The amount of oxygen inspired is said by Jourdanet to be diminished. The elimination of water and carbon dioxide by the lungs is increased; tissue-change is also increased; the appetite is augmented, and nutrition is favorably influenced. The climate of high altitudes may be said to be somewhat stimulating to most of the functions of life.

The most important regions of high altitude in this continent adapted to the treatment of pulmonary phthisis are to be found on the eastern slopes of the Rocky Mountains, the plateau of New Mexico, and the little known grand plateau of Mexico.

Germain Sée, in summing up the characters constituting the most important climatic factors of mountain and sea air, points out that they possess in common great purity, abundant light, and excess of ozone; and that, on the one hand, the presence of traces of bromine and iodine renders sea-air antiseptic, and, on the other hand, the cold of high altitudes has a similar effect. The most striking difference between them relates to the barometric pressure. The apparent contradiction that the increased pressure of the sea-

level and the diminished pressure of high altitudes exert a like favorable influence upon the course of phthisis he seeks to explain by the fact that the air in both these localities is unfavorable to the existence of the bacillus tuberculosis. It seems to me more probable that the apparent contradiction is simply an illustration of the adaptability of the human organism within limits to varying conditions.

Certain localities, neither maritime nor mountainous, have enjoyed a great reputation in the climate-treatment of phthisis. Among these are Pau in Europe, the banks of the Nile in Egypt, and in this country the Adirondack region, Lakewood and other points in New Jersey, certain regions in western South Carolina and Georgia, and some parts of the interior of the peninsula of Florida. Regions of this kind, possessing a porous sandy soil and well wooded, especially when with pine, are of unquestionable advantage to consumptives. The temperature of such localities is more nearly uniform than that of high altitudes or sea-coasts as regards day and night; the relative humidity is considerable; there is protection against winds; ozone is usually abundant; and if the woods interfere with an abundance of sunlight, the difficulty is one that is easily overcome in the neighborhood of houses and settlements. It is probable that the climates just described are more desirable for patients having a marked hemorrhagic tendency than either maritime or high-altitude climates. Furthermore, these localities are, in this country at least, much more accessible than the high altitude climates, and are, therefore, better adapted to cases of uncertain prognosis.

With reference to maritime climates, hemorrhagic cases and cases characterized by a tendency to fever should not be sent to the immediate neighborhood of the sea-shore. Individuals prone to easily-excited febrile movement do much better some distance inland. The danger of hæmoptysis in high altitudes has, I believe, been overestimated.

In conclusion, it has seemed to me desirable to avoid dwelling upon the advantages and drawbacks of particular localities, and I desire to call attention to the difficulty in obtaining accurate information in regard to the results of treatment,—difficulties that arise in part from the complex nature of local climate itself, and

in part from the uncertainty of the results, as far as obtainable by existing methods.

HYOSCINE HYDROBROMATE.

Read before the Neurological Society of Philadelphia, October 26, 1885.

BY HENRY M. WETHERILL, JR., M.D.

WE do not, as yet, know accurately the history of the discovery and introduction of this most important and valuable therapeutic agent; but certain it is that Landenberg, of Germany, was the discoverer of hyoscine and the first to investigate its properties. His observations were seconded by those of Edelfsen, Gnauck, Emmert, and others on the Continent. The English current medical literature has, I think, not made mention of it. To Dr. Horatio C. Wood belongs the credit of being one of the first to investigate its action in this country, as seen in his admirable monograph, published a few months since.

It is said that hyoscine is prepared by a rather complicated process from the alkaloid hyoscyamine, by treating the latter with baryta-water. The pure alkaloid hyoscine is so volatile and perishable that it is never available as a therapeutic agent unless combined with acids, which form with it salts of fair stability. Those at present found in the drug-market are the hydriodate, hydrobromate, muriate, and, I think, the sulphate. My experience has been wholly with the hydrobromate, and it is this salt alone of which this paper treats. The most reliable is that produced by E. Merck, Darmstadt, whose three accredited agents in New York are Lehn & Fink, Schieffelin & Co., and Eimer & Amend. It can be obtained of the leading pharmacists of this city. In its gross physical appearance it resembles small crystalline masses and granules of potassium bromide. It is light in relative weight, opaque white (but not purely so, slightly inclining to be yellowish), rather deliquescent when exposed to the air. Seen under the microscope, it was very evident that its crystallization had been facilitated by stirring, as much of it was in very irregular granular masses; but when allowed to evaporate spontaneously from its aqueous solution, it showed under the microscope handsome quadrilateral crystals springing from a granular base. These were entirely free from extraneous

matters, transparent, and highly refractive.

The literature of hyoscine is rather meagre in America. Brief notices of it are to be found in the more recent works on therapeutics and materia medica. The other works devoted to this subject are Dr. Wood's monograph, the paper by Dr. Judson B. Andrews found in the *American Journal of Insanity* for October, 1885, a paper emanating from the Hudson River Hospital for Insane in the *New York Medical Record*, 1885, and some papers from the pen of Prof. John M. Maisch in the *Philadelphia Journal of Pharmacy* for November, 1885.

Hyoscine hydrobromate is freely soluble in cold distilled water; but it will be found desirable to add to this menstruum ten per cent. of alcohol as a preservative. The following I have found to be a convenient formula:

℞ Hyoscinæ hydrobromat., gr. j;
Aquæ destillat., f3ix;
Alcoholis, f3j. M.

In every ten minims of this solution there is $\frac{1}{10}$ of a grain of the hyoscine hydrobromate. In prescribing the compounds of hyoscine, care should be used in writing the name of the salt in full and plainly, so as not to mislead the pharmacist with the impression that hyoscyamine has been ordered, and *vice versa*, as the hyoscine salts are far more powerful than are those of its sister alkaloid.

Now, thus having described the substance at some length, what have we found to be its exact physiological effects, and what do we find to be its true place in therapeutics after a very careful and painstaking study of its action, which has extended over a period of six months, upon the patients under our care in the Pennsylvania Hospital for the Insane?

Before answering this question, let me recount the effect produced upon myself by a very moderate dose taken by the mouth. I was in health at the time. Dose, $\frac{1}{18}$ of a grain. Before administration, pupils normal, equal; pulse, 88, good; respiration, 20 per minute; skin normal; temperature, 98° F. Within forty-five minutes the pupils were evenly and moderately dilated, the voice was hoarse, face suffused, conjunctivæ injected, temperature raised to 99.5° F., respiration full, slowed to 16 per minute,

pulse slowed to 64, very full, considerable general relaxation of muscles, decided general sweat, impaired co-ordination, and a sense of fulness in the head and of wretchedness. I managed somehow to get to bed and at once fell asleep, and so continued for nine hours. Awoke much refreshed, no ill effects, everything normal but the pupils, which were yet slightly dilated, but which regained normal conditions within two hours.

Now, in regard to our results as obtained by its use in the hospital. I have no hesitation in saying that as a hypnotic and sedative it has proved most valuable in our hands. As a hypnotic, the usual range of dose is from $\frac{1}{16}$ to $\frac{1}{8}$ of a grain given at bedtime, preferably by the mouth; very frequently a less dose than gr. $\frac{1}{16}$ will be sufficient; gr. $\frac{1}{8}$ has often acted better in insomnia than has a larger quantity. It is very seldom necessary to repeat the dose; and another very decided advantage possessed by hyoscine over hyoscyamine is that small doses can be continued for a long time without increase; whereas the patient soon tolerates small and then moderate quantities of hyoscyamine, and finally resists even very large doses of it. We have given hyoscine a thorough trial in the insomnia occurring in the course of acute delirious mania, and with marked success, having succeeded, when all the usual modes of treatment had proved inadequate, in securing for the patient from six to ten hours of quiet sleep nightly for the past nine weeks, with but four or five exceptions; but one dose in every twenty-four hours, at bedtime, the amount ranging from gr. $\frac{1}{16}$ to $\frac{1}{8}$. The insomnia in these cases is one of their chief elements of danger. If it is possible to give such a case a fair amount of sleep and of nourishment in a concentrated form, the probability of a favorable issue might be entertained. In the insomnia of agitated melancholia, of the morphia habit, of alcoholism, of acute mania, of neurasthenia, of chronic mental disorder, with habitual wakefulness and motor activity, and in those confirmed cases of insomnia from unascertained cause which usually prove so obnoxious to treatment, hyoscine has been found to answer a very good purpose. It does not invariably succeed; but the failures have been very exceptional. In many instances the chronic insomniac

habit has been broken so as to permit of the withdrawal of the hypnotic. It is a severe test of the value of any hypnotic to administer it in daytime, and the drug under consideration has been found to act very well even under this condition. It seems scarcely necessary to refer to the unsatisfactory and often disappointing action of the hypnotics which are now in general use, and it would seem as though this remedy is the one for which rational therapists have waited for so long a time.

Now, as to its usefulness as a general sedative, we have had results which justify the assertion that it is the very best means at present at our disposal for calming the motor excitement of acute and chronic mental disorders in their talkative, active, noisy, destructive, or violent phases. In this class of cases the range of doses may sometimes have to be greater than in the treatment of insomnia: from gr. $\frac{1}{16}$ to gr. $\frac{1}{8}$. I have seldom been obliged to give so much as gr. $\frac{1}{8}$, and have rarely had to give more than one dose in twenty-four hours. As an occasional exception, a patient has been found whose excitement has successfully resisted a full dose; but it must be remembered that some cases of chronic mental excitement have been dosed with varying success through a period of years, until a peculiar condition of resistance to and toleration of remedies of this class has become established. Where a large number of excited patients are congregated, even though they may be classified with care, there are a few who seem to be the cause of most of the general disorder and confusion: reduce these few to a condition of comparative quiet, and the larger but less aggressive element remains tranquil. Following out this theory in the administration of hyoscine, we have had the satisfaction of seeing wards for excited patients quite transformed in character for the better; nor can this be fairly termed "medical restraint."

I have tabulated carefully our study of the physiological action of this remedy as a hypnotic and as a sedative, and have also tabulated our experience with hyoscyamine as a hypnotic. We had found the latter so decidedly inferior to hyoscine as a sedative that it was not deemed necessary to tabulate these results; but it must not be inferred from this that hyos-

cyamine is inert; it is a remedy of no mean value, and only second in activity to its sister alkaloid.

The tabulated statements to which reference has been made will appear in the forthcoming Report of the Committee on Lunacy of the Pennsylvania State Board of Charities for 1885.

Physiological Effects.—The physiological effect of a full dose of hyoscine, say gr. $\frac{1}{10}$, is manifested within twenty minutes. These are—brief, transitory bewilderment; marked interference with co-ordination; widely-dilated pupils; slow, regular, very full pulse; dryness of the throat; relaxation of the vocal cords; very slow, full respirations, sometimes becoming Cheyne-Stokes; marked suffusion of the face and of the general surface of the body; a slight rise in temperature; and free diaphoresis, which does not seem to restore normal temperature. There is general muscular relaxation and a sense of wretchedness. Sleep usually follows, which continues from one to five hours, if the dose is given in daytime and the patient is not put to bed. This amount, administered at night, would be followed by sleep lasting for eight or ten hours. The mydriatic effect is rather transient, but usually persists through an entire day. The pulse is slowed about twenty beats per minute, and this effect gradually wears away during eight or ten hours, and is often followed by a very variable period of pulse-acceleration, which seems to be simply a reactionary hastening of the pulse to restore the disturbed balance of the circulation. The normal rate of respiration is gradually restored through a period ranging from three to five hours.

The rise in temperature is not an invariable result, and is frequently small,—seldom exceeding one and a half degrees,—and the balance of temperature is usually restored within two or three hours. Dryness of the throat often persists through an entire day. Suffusion of the surface of the body is usually transitory. In moderate and in small doses the effect is, of course, proportionate to the amount employed; but the same general symptoms are present, and the patient is quieted accordingly. Interference with the appetite is sometimes observed. It does not seem to act upon the bowels nor upon the kidneys.

Hyoscine is not always well borne; oc-

asionally the following symptoms have followed the use of a moderate dose: nausea, vomiting, anorexia, dysuria, syncope, with small, rapid, irregular pulse, and with symptoms of partial paralysis of the pneumogastriacs. This untoward condition occurred in a case of epileptic mania, in one of parietic dementia, in one of chronic dementia with excitement, and in one of acute hysterical mania. All of my personal experience of the action of hyoscine has been among females, and they are, I think, more susceptible to its action than are males. This is generally true of many drugs. Hyoscine is a spinal sedative of considerable activity. It had a decided influence over the spasms of a case of tetanus,—a powerful man, whose life it certainly prolonged for some hours, and who died, not from convulsions, but from high temperature: this was, I think, 108° F. before death; but post mortem it rose to 116° F. This case was not mine; but I know that the observations were accurately taken with a corrected thermometer.

Is it best to give the remedy hypodermically or by the mouth? It acts almost immediately and in rather less dose by the former method; yet we have preferred usually to give it by the mouth, as it acts very promptly when taken into the stomach, even in very small doses, and this method offers no shock to an excited or timorous patient.

Among the physiological effects of hyoscine, one or two observers claim to have frequently noticed a primary acceleration of the pulse-rate previous to its becoming slow and full. This I have not found to be the case save in two instances, and even in these two cases the effect was not invariable. There is a source of possible error to be here taken into consideration,—that the mere act of feeling the pulse or even addressing some persons causes a marked acceleration of the pulse, which may persist for some time should the patient be excited, timorous, apprehensive, or nervous.

From three observers of the action of hyoscine in another State comes the report that their anticipations of the good effects of the drug had not been realized after fair trial of an article which they thought was reliable; but there is some reasonable ground for doubt that the substance employed emanated from Merck's

laboratory. The evidence that it is a hypnotic and sedative of great value to the profession is rapidly accumulating. We have thus far found the different samples of Merck's hyoscine hydrobromate to be uniform in effect and in external characteristics, and are much pleased with its action. It has been in daily use and under close observation in our hospital practice, and we prescribe it with confidence in its activity. It is preferable to the other sedatives and hypnotics, as it is more certain and uniform in effect, convenient in administration, and free from injurious secondary effects.

TRANSLATIONS.

APHONIA DUE TO NASAL ABNORMALITIES.—In the *Revue Mensuelle de Laryngologie, d'Otologie et de Rhinologie*, No. 12, appear several contributions reporting cases of aphonia due to various abnormalities of the upper air-passages, from the proceedings of the Société Française d'Otologie et de Laryngologie. Dr. J. Baratoux reports a very interesting and curious case of a lady suffering with loss of voice, apparently due to reflex irritation from hypertrophy, particularly of the middle turbinated bone. That the loss of voice was attributable solely to this cause was an inference from the sudden recovery of the voice upon the removal of the hypertrophy with the galvanic loop. The reflex irritation in such cases is attributed to the swelling over the turbinated bone or a deviated septum, by which the sensitive area on the former is brought into contact with the latter. Dr. Breboin communicates the history of a man, 60 years of age, where aphonia was cured by the removal of a number of gelatinoid polypi of the nose; also a case of a young girl, 22 years old, in whom removal of a median hypertrophy restored the voice, which had been completely lost. Spasmodic aphonia and spasm of the larynx, due to a similar cause, is illustrated by three cases contributed by Dr. Hering. [The possibility of confounding such cases with hysterical and neurasthenic aphonia makes them of special interest both in point of diagnosis and treatment.—Ed.]

CHYLOUS EFFUSION INTO THE PERITONEAL CAVITY.—An interesting case of

chylous abdominal effusion in an infant is reported by Dr. M. Letulle, in which the chemical examination of the fluid obtained by aspiration was made with unusual care. The child was thirty-two months old, and suffered with an obscure hepatic affection, chronic peritonitis, and cardiac disorder (congenital?), and orthopnoea due to double hydrothorax. Tapping brought away a large quantity of ascitic fluid resembling urine. A month later another large quantity was removed, which was thicker and rather milky. In a third and fourth aspiration a chylous fluid was obtained, which contained emulsified fat. A fifth paracentesis has not been required, and the child was steadily improving under treatment when the paper was published.

A *résumé* of cases reported by different observers, twelve in number, is appended to this report, with a view to determine the pathological import of chylous effusion into the peritoneal cavity. Without going into the further details of this interesting report, we give the conclusions of the author:

1. Chylous effusion of the abdominal cavity, considered chemically, is a product which should be placed between serous and sero-purulent ascitic effusions.
2. As this liquid always is accompanied by peritoneal morbid conditions (cancerous, tuberculous, or due to new formations) more or less old, it is logical to consider it as a residual lesion. It is, therefore, a rare (or rarely recognized) form of peritoneal effusion undergoing granular fatty degeneration.
3. Until more light is obtained upon this subject, the great majority, if not the totality, of cases of ascites called chylous should be referred to the class of chronic peritonitis.—*Revue de Médecine*, No. 11.

CALOMEL INJECTIONS IN SYPHILIS.—Professor Neisser, of Breslau, uses the following formula in the treatment of syphilis by hypodermic injection:

℞ Hydrargyri chlorid. mitis,
Sodii chloridi, aa 5.
Aquæ destillatæ, 50.—M.

To this mucilage of gum arabic, 2.5 parts, might be added. Injections of this containing doses of calomel from 0.4 to 0.6, or even 0.1 Gr., may be made once a week: generally the back is preferred. Abscesses are rare.—*Deutsche Medizinische Zeitung*, November 30.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, DECEMBER 26, 1885.

EDITORIAL.

POISONOUS SEA-FOOD.

THE noxious effects in certain persons of fish as an article of diet, and particularly of shell-fish, is a matter of familiar occurrence, usually accounted for on the ground of idiosyncrasy. Individuals who are unable to eat fish may be arranged in two groups,—first, those who experience unpleasant effects, which, while annoying, are not of a serious character, consisting merely in transient gastro-intestinal derangement, with or without urticaria; and, secondly, those who suffer from acute, often alarming, symptoms referable to the digestive organs, and accompanied by nervous oppression, feeble circulation, and collapse. Upon a different principle of classification, Schreiber, of Königsberg, refers cases of fish-poisoning to two categories,—namely, those occasioned by the eating of fresh fish, and those by the eating of preserved fish,—and regards it as probable that the toxic principle in the second group of cases is a ptomaine. The grave symptoms occasionally observed in those who have eaten stale oysters and other shell-fish when more or less advanced in the state of decomposition are very probably due to this cause. Salkowski regards it as probable that the acute poisoning produced under certain circumstances by the consumption of fresh fish is due to the presence of an alkaloid; but to apply to such an alkaloid the term ptomaine would be to use this term in a much broader sense than hitherto. Up to the present time, those substances only have been designated ptomaines which have been developed through the agency of putrefactive changes in animal organic tissues. It is

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of interest in this connection to note (as stated by Parkes) that rotten fish are constantly used by the Burmese, Siamese, and Chinese as a sort of condiment, and without bad effects. Certain fishes in the Indian Ocean, which are used by the islanders as food during nine months of the year, become during the three remaining months poisonous, and even produce fatal effects! Here is a sort of periodical virulence, probably to be explained by some change in the food of the fishes during the period in question. Shell-fishes commonly considered edible appear to acquire in certain localities poisonous qualities. Among these is the ordinary sea-mussel (*Mytilus edulis*). Aurel Krause records the fact that in one of the first English expeditions to Alaska, in 1793, one individual died with symptoms of poisoning after eating mussels, and that others were extremely ill. The natives avoid these shell-fish at certain seasons on account of their poisonous properties, which, however, they are free from at other seasons of the year. The same author states that in 1799, in the neighborhood of Sitka, more than one hundred Aleutians lost their lives in the course of a few hours after having partaken of mussels discovered during a journey. Many other instances of fatal poisoning have occurred during the present century from the same cause. The last of these was made the subject of an interesting communication to the Berliner Medicinischen Gesellschaft, November 9, 1885, by Virchow. It occurred in Wilhelmshaven, under the following circumstances. Two vessels were dry-docked and cleaned. During this process a large quantity of sea-mussels were removed from the hulls (which, however, were not coppered) and piled upon the wharf. In the course of the day a number of the workmen and others who had eaten of these mussels fell ill. Of these, thirteen were men, of whom three died, five were women, and one was a child,—nineteen in all. The whole number of fatal cases was

four, of severe cases in which recovery took place ten, of light cases five. The symptoms in all the cases were the same. In the course of a short time or several hours, according to the quantity eaten, there was experienced a feeling of contraction in the neck, mouth, and lips, prickling and burning at first in the hands, later in the feet, dizziness without headache, and a curious feeling of lightness in the extremities. These phenomena were accompanied by an excitement analogous to that produced by alcohol, restlessness, and a sense of oppression. The pulse was hard, 80 to 90 per minute, the temperature normal, the pupils dilated and fixed. Speech was difficult and broken. Now followed a sense of weight in the limbs, stiffness in the muscles, and vertigo with continuous vomiting unattended by pain or diarrhoea. So violent were these symptoms that in one case death occurred in three-quarters of an hour, in a second, within three and a half hours, and in a third, in five hours after the eating of the mussels. The quantity which gave rise to serious symptoms did not exceed in some instances five or six mussels. Virchow's account of the post-mortem examination and of the experimental investigation of the toxic properties of the mussels themselves (in his communication to the *Berliner Klinische Wochenschrift* for November 20) is extremely interesting. Chickens and cats which ate the mussels in Wilhelmshaven were speedily taken sick and died. A large dog died in a very short time after having eaten some fragments of the mussels. A cat that simply licked the plate from which the mussels had been removed was taken violently sick, but recovered. Guinea-pigs and frogs quickly succumbed to the poison. The poisonous properties were contained not only in the cooked mussels themselves, but also in the broth and in an alcoholic extract which was prepared from them. The effects were obtained both through the stomach and

by hypodermic injection. By the latter method the lethal effect was produced with great rapidity. In its powerful paralyzing properties this poison resembles curara, and merits further investigation not only from an economic but also from a medical point of view.

FEEES FOR MEDICAL SERVICES.

AS the time approaches for closing the accounts of the year, the perennial question of fees may be appropriately considered. Strangely enough, with some this seems to be considered as rather a delicate one; but those who affect to despise the business aspect of professional life are either fatuous or hypocritical. The practice of the art of medicine offers an honorable means of earning a living, and hence it can be neither dishonorable nor undignified to devote proper attention to the honorarium, or "pecuniary acknowledgment," as the Code gracefully puts it. At the same time, judgment and tact are required to be exercised in order to prevent it from assuming an undue degree of importance in the intercourse with patients or the public. It is quite certain that physicians, as a rule, are too careless about their accounts, and are prone to affect indifference. The result is that the public is divided into two classes in this regard,—first, the class consisting of the select few who consider the physician's account as a debt of honor, having precedence over ordinary obligations; and, secondly, the larger class which regard it as a just claim, yet as one which they need be in no haste to discharge. Doctors' bills proverbially are the last to be paid. It is said that physicians have a larger proportion of bad debts than any other class of professional men, partly due to unbusiness-like habits and partly owing to the nature of their work, the prompt service required often admitting of no delay for discussing the terms of the contract.

A not inconsiderable amount of loss is therefore unavoidable, and their credits for services rendered to those unable to require them must be entered in another place than their cash account.

With regard to the legal grounds for charge and the collection of claims due them, the laws are often explicit. It has been held in court that the right of a medical man to recover his charges for professional services does not depend upon his treatment having been successful, unless there is a special agreement to that effect. It depends for its legitimacy upon the skill, care, and attention bestowed, and not upon the outcome of the case: still, it must be shown that actual service has been rendered. The physician must be prepared to show that his work was properly done, if that be disputed, in order to prove that he is entitled to a reward. Where a surgeon has performed an operation which might have been useful, but which merely failed in the event, he is nevertheless entitled to charge; but, if it could not have been useful in any event, he will have no claim upon the patient.* Similarly, where a physician has made a patient undergo a course of treatment which plainly could be of no service, he cannot make it a subject of charge; but if he employed ordinary skill, and applied remedies fitted to the complaint and calculated to do good in general, he is entitled to his fees, although he may have failed in the particular instance, such failure being then attributable to some vice or peculiarity in the constitution of the patient for which the medical man is not responsible.

A physician or surgeon cannot claim reward for services required through his own negligence: thus, if he by communicating an infectious disease have rendered prolonged attendance necessary, he cannot recover for such additional service neces-

sitated by his own want of care. This, according to Ordonaux, applies equally to puerperal fever when communicated by the attending physician. On the other hand, if a doctor's bill be not paid when presented, he is not limited by it to the amount of his claim if he can show that his services were of greater value. A physician called in for consultation or to perform an operation may recover his fees from the patient, notwithstanding that the attending practitioner summoned him for his own benefit and had arranged with the patient that he himself would pay. While a physician, in the absence of an express understanding, is only entitled to recover what is customary and reasonable for such service, yet it does not follow that all must rate their charges alike, for the value of their service differs greatly: where the attending physician intends to make an unusual charge, it would save trouble if his terms were expressly stated at the time of taking charge of the case.

In making out accounts, as well as in keeping books, it should be kept in mind that a visit *per se* does not afford ground for a charge, unless it can be shown that service also was rendered or a medical consultation held. A bill of items is required, when a claim comes before the courts, specifying the persons to whom service was actually rendered, the date of such attendance, and charges for consultations; although under ordinary circumstances, at present, an itemized bill is rarely made, except where a doubt has arisen or the amount of obligation is disputed.

A NEW HYPNOTIC AGENT.—Urethane, an ether carbamic or carbamate of ethyl, is in the form of white crystals without smell, or slightly like saltpetre. It is soluble in water and in alcohol. It has been found that it has decided hypnotic effects in doses of one-half a gramme to one gramme. It is a good substitute for chloral and sodium bromide, and is without unpleasant secondary effects. It is a cerebral narcotic, and has been used to good advantage in delirium tremens and in mania.
—*Pharmaceutical Record*.

* "Law and Medical Men." R. Vashon Rogers, Jr., Toronto, 1884.

NOTES FROM SPECIAL CORRESPONDENTS.

PARIS.

AN eminent French judge has just publicly delivered an important opinion on the subject of professional secrets. According to French law, Article 378 of the Code, all physicians, surgeons, midwives, or druggists who may become possessed of secrets by the practice of their profession are forbidden to reveal them, except in certain cases laid down by the law, where they are obliged to denounce criminals. Infraction of the law involves a punishment by a fine of about one hundred dollars and imprisonment of from one to six months. Here two difficulties at once present themselves. A doctor might be called as a witness in a criminal case to testify to facts that have come to his knowledge in the exercise of his profession, but jurisprudence has established that he shall not testify in a way to reveal professional secrets, thus leaving it to his discretion what to say. The second difficulty is that a doctor called to attend a person who has attempted a crime or committed an act against life or property may in this case (according to an Article of the Code, No. 30, "all persons knowing of attempts on life or property are compelled to inform the authorities") find it his duty to report the crime if he knows of it when he is called, but the moment that he is in actual attendance he must be silent. Again, the doctor must not furnish any information as to the health of his patient, even in cases of proposed marriage. He can, however, delay a marriage, for instance, in the case of a patient who may be suffering from phthisis or any malady that may be acute and in danger of transmission. M. Bruno-Lacombe, the judge in question, stated substantially as above, and then said that if the prosecution turned against the doctor and sued him for damages the case is altered, and that he could then testify to all he knew. It is also claimed that the right to defence should be accorded to physicians if any serious accusation is brought against them in relation to any secrets which they may have acquired in practice. A doctor should give up any action he may have commenced for his fees (that is, non-payment of them) if the defence insists on knowing what was the character of the disease he has treated. When the marriage of any of his patients is decided upon, he should not reveal any disease they may have had, even with a view of preventing worse troubles after marriage. He must, however, tell a healthy nurse of the danger she incurs in nursing a child of his patient's who may have inherited syphilis, otherwise the nurse can sue him for damages. He can also denounce all attempts against female clients, except in case of abortion, where it would compromise the patient herself. The question was asked,

"Ought a doctor, in order to save an innocent person, to denounce the criminal who may be under his care, and if he is aware of his guilt?" The answer to this is, "No." A case was cited of a trial that took place here lately, where a physician was called to see a newly-born child, and he saw that it was syphilitic. He recommended the mother to nurse her own child, and forbade the employment of a nurse; but they employed a healthy woman against the doctor's wish and without his knowledge, and the nurse got the disease. She sued the family, and the doctor was allowed to testify to the facts, and the woman got a verdict of substantial damages in her favor.

In regard to registration of births in France, Article 56 of the Code only imposes on physician and on midwives the obligation of declaring the fact of a birth at a certain house, but they are not compelled to give the name of the mother. As to death-certificates, the attending physician is at liberty to declare the real cause of death or refrain from doing so when this might injure the memory of the deceased or hurt the family.

Professor Peter is one of the most prominent men of the Paris Faculty of Medicine. In person he is quite small, short, and thin, wears a full, short beard, and still possesses what is so often wanting in younger savants, a scalp well covered with hair, which with his beard is now nearly white. His voice is of a thin, vibrant quality, but the notice of his lectures is always followed by a full amphitheatre, attracted by the doctor's great ability and his sharp attacks on some prominent scientists. Dr. Peter is a fervent apostle of the old school, and a hater of all microbes. This year he commences with "tuberculosis," and in his opening lecture he attacked the germ-theory as follows: "There are two parties in the field, the old *régime* and the new. The old party believes tuberculosis to be an intrinsic, general, spontaneous disease,—an internal modification of the human structure allied to scrofula. The new theory is that the trouble is extrinsic, the bacillus of Koch being the cause. This wonderful animal may also be found in the supposed-to-be healthy smegma of the prepuce. Lustgarten has likewise found a bacillus in syphilis that is almost identical in shape,—a little thicker, perhaps, but it is much the same thing,—and he claims that it is the *sole cause* of that dreadful disease. Extraneous causes, however, are admitted to have some share in setting up the morbid processes: in fact, this must be added in order to make out a case. It has gone abroad as if with full medical approval, with the sanction of the powerful medical press and that of many of the scientific public, that these microbes are the sole causes of disease, and the practical inference is suggested that if once we can catch them and treat them to a bath of carbolic acid, or some other disagree-

able stuff that may not agree with them (and that certainly won't agree with the poor patient), then we will be all right,—sure to cure, in fact." Becoming warmed with the discussion, the venerable professor said, "Gentlemen, *this is not true*. They mistake, I fear, the lesion for the cause, and confound it with the disease itself. It is possible, by conveying some of these microbes from an animal that is diseased, that the malady can be reproduced, if of the *right kind*,—that is, if they are *wet* and covered with the granulations and the *liquid* which contains the germs of the disease. M. Pasteur has come to tell us that he can inoculate hydrophobia, and you will notice that the marrows are *dried* to extract the poison. Well, many, many years ago, as you know, Gluge told us that there were granulations that he called corpuscles found in the human structure in a state of disease. Will these communicate hydrophobia? Rabies is supposed to be merely a parasite, although they have not as yet isolated it. Never mind: a dog won't bite with his spinal cord, but with his teeth, and the liquids of his mouth certainly carry the disease; but they also carry a host of microbes, among which I suppose it would be very difficult to detect the real one. Passing to cholera, we have been informed lately that the fewer the microbes the more deadly the disease; but this has now gone on so far that I feel it my duty to protest, and I will try to present to you hereafter the other side of the case."

M. Désguin, of Brussels, gives a new method of making an antiseptic dressing that has real merit in case of surgeons in the field, and also for doctors in country places who may be called to dress wounds and not have things ready. As a carrier he proposes to use filtering-paper that has no stiffening in it. It is cheap, and quite as effective as gauze or lint. This paper is to be wet with solutions of carbolic acid of different strengths, or with solutions of boric acid and corrosive sublimate. They are then dried, and are ready for use at a moment's notice by wetting them and applying them to wounds, placing them on sheets of gutta-percha; in this way assuring complete asepsis and allowing the surgeon to carry on the field in small bulk all the dressing he needs to carry out Listerism.

While on therapeutics, mention should be made of the excellent clinical applications that Dr. Dujardin-Beaumetz makes at the Cochin Hospital here. Everything new he tries as soon as it is out, and every year he publishes the results as fast as they can be proclaimed. He has recently issued two works upon clinical therapeutics, and new remedies based upon his service in the Hôpital Cochin.

At the medical clinic, now in full action in Paris, the larger part of the interest is divided between Professor Germain Sée, at the Hôtel Dieu, and Professor Hardy, at the Charity Hos-

pital. Strong and wordy are the discussions which go on between them. Last year they had a great fight over the use of tartar emetic in pneumonia. We give a *résumé* of a late clinic of Dr. Hardy's on sciatica. He said, "I wish to apply before you the treatment for sciatica that is now in fashion,—that is, the chloride of methyl spray. But first I want to speak of this malady and its varieties. Sciatica is not by any means always the same. Its clinical differences often call for particular treatment. It was an Italian—Cotugno, about 1764—who first separated this disease from rheumatic pains and the other troubles that may so often affect the inferior extremity. The history of sciatica is simple. It is pain having its seat along the course of the great sciatic nerve or one of its divisions. The pain is dull,—as a rule, a mere sensation of heat,—but sometimes it is violent enough, so that the patient complains of being torn to pieces, as if he were bitten by dogs or some animal. Its manifestations are very capricious. Sometimes patients do not suffer when warm in bed. This, indeed, is usual. But, again, they may suffer more in bed than when up and about. True intermittent sciatica you will find preventing sleep and going away in the morning. This form you can cure with sulphate of quinine. Valleix well described the particular character of sciatica. These are the ideas he gave, with additions. There are always certain *points* which on pressure will augment the pain. They are situated as follows: 1st, in the vertebral column just above the sacrum; 2d, above the coccyx; 3d, at the level of the great sacro-sciatic notch; 4th, between the great trochanter and the ischium (this is the most frequent of all the points); 5th, just where the popliteus divides; 6th, behind the external malleolus; 7th, on the dorsum of the foot; 8th, on the calcaneum. You will generally find two or three of these points in every patient, rarely more. They often limp from pain, but you must see if this is not from some muscular weakness. It is possible also to find them trembling as in spinal paralysis, or with contracture of the muscles; but this is not frequent. More often you will find, on close observation, that there is a modification in sensibility. Sometimes they are hyperæsthetic, or, again, anæsthetic. A few curious cases have been noted of muscular atrophy. Some patients will complain of cold in the member, the difference not being perceptible to your hand. At other times you will find the part cold, but they do not feel it. When the trouble has existed for some time, you will often find an abundant secretion of perspiration and an exaggerated growth of hair, or, finally, there may be an eruption of vesicles. As a rule, general health is not much impaired. It is well to remember, however, that a sciatica can arise from a compression of a tumor resting on the spinal cord or in

some part along the course of the nerve. The pain here would be persistent and uniform, which will serve to distinguish it from the usually intermittent character of sciatica.

"If the trouble be on both sides, you should be on your guard, for it is an indication of a disease located in the lower portion of the spinal cord. Here you will also observe urinary troubles, such as incontinence or retention of urine. I want to insist on the importance of making the differential diagnosis in all cases between neuralgia and neuritis. If the pain, in place of being localized in special points, is *all along* the course of the nerve, and you find muscular atrophy, cold sweat, and an eruption, then you are in the face of an anatomical alteration of the nerve, a neuritis. Here the diagnosis will be all the more serious in proportion to the duration of the disease. The neuralgia is also serious, as the vast number of remedies prove which have been recommended for it. The best means of treatment are the local ones. Friction with laudanum (pure) will almost always calm the pain for a time, but it will not cure. Good results are also obtained from subcutaneous injections of morphine continued for several days. It is also surprising to see how quickly some cases will give way to injections of chloroform; but it is so difficult to get it pure, and abscesses form from using impure chloroform, so prudence is advised in its use. The old treatment of the days of Cotugno I can also advise. He applied blisters on all the painful points. They are rendered still more efficacious nowadays by being sprinkled with powdered hydrochlorate of morphine. The actual cautery and electricity I would also recommend (the latter a continuous current), but these two don't seem to have won professional support. Hot natural mineral baths also act well; and now we come to the present mode of treatment.

"Dr. Debove has proposed to apply to the sciatic the action of an intense refrigerant, the chloride of methyl spray. In using it you must pass it all over the course of the nerve, and try to freeze all its divisions. Do not let any of the ramifications of its branches escape its action. This is easy, as it will congeal the epidermis and the next layer. This mode of treatment resembles a superficial scarification over a large space, and excellent results have been obtained from it. Should the pain not cease after the first application in certain points, then you may make the application to those points only."

Dr. Vigier made an interesting communication to the Société de Thérapeutique on "Alcohol, Pepsin, and the Alkalies in Digestion," which caused a discussion in which Dr. Paul and others took part, from which it results, first, that a small dose of alcohol increases the acidity of the gastric juice, so that it would be useful in those patients in whom acidity was wanting, hurtful in the opposite

sort. Next as to pepsin. It seems that it must not be combined with bicarbonate of soda or other alkali, as the ferment is thereby neutralized. Finally, M. Richet has shown that alkalies given in large doses (five to six grammes) will destroy gastric juice, so that mineral-waters having large quantities of soda and potash salts in them can only do harm in dyspepsia.

Professor Grassat gives the toxicology, hygiene, and therapeutics of sulphide of carbon. Briefly considered, it seems to have quite a number of actions. It has been employed by utilizing its refrigerant properties by evaporation as an anæsthetic, but its best action is as an intestinal antiseptic. Here it is quite efficacious, and not at all dangerous. It has been employed especially in stomach-affections attended by putrid fermentations. The following is the mode of administration:

Pure sulphide of carbon, 10 grammes;
Distilled water, 500 "

Put this in a bottle holding at least seven hundred and fifty grammes, and only take the liquor off by decantation. Then add an equal quantity each time you draw off the water, as the ten grammes of sulphide will be enough to make four or five quarts of liquid. The dose of this liquid is from six up to twenty teaspoonfuls daily (at most, five hundred grammes of it are given), taken in milk or lemonade, or in water with a little mint added.

At a Sanitary Congress of Veterinary Surgeons held in Paris last week, considerable importance was attached to the danger of alimentation with meat from tuberculous animals. Professor Arloing, of Lyons, and M. Lefebvre, of Havre, showed that it was certain, at least in the later stages, that tuberculosis in animals is a contagious disease, and a resolution was passed requesting the government to seize all such meat and have it destroyed. It was also recommended to boil all milk when its origin was not known.

A serious charge has recently been made against certain doctors. The medical profession in Paris appear not to disdain small profits. A report drawn up by Dr. Després on the Night Medical Service reveals a new dodge. This service was organized to enable persons to obtain medical aid at night. This is often difficult, as many practitioners refuse to leave their homes, excepting for their regular patients, unless they are sure of their fees. Under the system established here, persons needing a doctor apply to the nearest police-station, and an officer at once summons one of the medical men on the list, and at the same time he issues an order for the payment of ten francs on the municipal treasury. The person requiring the doctor must repay the treasury, if he can afford it; but, as a rule, it is never reimbursed, and payment is not enforced. It having been remarked that these

visits had increased in a remarkable way,—from three thousand six hundred and twelve in 1876 to eight thousand seven hundred and twelve in 1884,—the city authorities instituted an inquiry, and the report drawn up by Dr. Després reveals some very curious abuses. It seems that some needy and unscrupulous doctors were in the habit of giving the police-officer three francs of the fee every time they were called, and this induced the men to call them on all sorts of pretexts. Besides this, the usual district professionals, who are paid a salary of eighteen hundred francs a year to attend the poor of the quarter in the daytime, had got in the habit of neglecting their visits in the day so that they would be called at night and so get the additional ten francs for night-service. The Municipal Council adopted at once a resolution depriving all medical men attached to the Bureau de Bienfaisance of special fees for night-service.

There are only eight woman physicians on the regular list in Paris. The first was Madame Madeline Brés, who opened the way, she being received in 1865. It seems that at a meeting of the Imperial Council the Empress Eugénie was presiding, her husband being absent, when the application of Mme. Brés was presented. The empress was pleased at the novelty, and asked her advisers to create a precedent in the matter, and she added that she hoped to see the time when Paris would have a woman's hospital exclusively in charge of female doctors. Since that time the other seven have commenced practice. They all do very well. Several more have graduated in late years, but they have not remained in Paris. Three were Americans; and at the present time we have Mrs. Dr. Merritt, of San Francisco, who is about passing her final examinations, having passed all with success with the externat and the internat. As everything is now accorded to women, the way is now open here to the highest honors, and if they are not the coming doctor it will be their own fault. Not the slightest difference is made in the sexes, and they are assigned to any ward, male or female, as it comes, or to male or female subject to dissect, and to the same tables as the men. It seems rather curious for an American to see them helping men to dissect femoral hernia in the male, while doing Scarpa's triangle; but absolute equality is the rule. Paris has also taken a generous initiative in the matter of woman by appointing Mademoiselle Bénéot, a young woman who lately took her degree, medical examiner of girls in the municipal schools. It is her business to see that the girls in public schools are not overworked, and that they study under sanitary conditions. The education of the young in France is certainly destined to fall into the hands of women, and the care of the health of the female portion is now largely under their charge.

The rumor goes that Dr. Mathias Duval is

the choice of the Faculty for the place of Professor of Histology left vacant by the death of Professor Robin. It is also said that the eminent doctor will at once commence his course of lectures.

THOMAS LINN, M.D.

PARIS, FRANCE, November 20, 1885.

THE AMERICAN PUBLIC HEALTH ASSOCIATION — THIRTEENTH ANNUAL MEETING.

WASHINGTON, December 11, 1885.

THE proceedings of the Thirteenth Annual Meeting of the American Public Health Association, which ended to-day, were somewhat discounted by the general public interest attending the assembling of Congress and the President's message. Notwithstanding these drawbacks, however, the scientific results of the meeting were of great importance.

The local committee of arrangements, under the active leadership of Dr. Smith Townsend and Mr. J. C. McGinn, made excellent provision for the comfort and entertainment of the members, and the Washington meeting will doubtless be long remembered with pleasure by all who were present.

The first scientific business was the presentation of the report of the Committee on Disinfectants, which was submitted in print, making a pamphlet of about one hundred and fifty pages. The following is an abstract of the conclusions of the committee based upon an extensive series of laboratory experiments:

The most efficient means for disinfecting the discharges of the sick suffering with infectious diseases, such as cholera, typhoid fever, smallpox, diphtheria, etc., are solutions of chloride of lime, 1 part in 25; corrosive sublimate, 1 part in 500; carbolic acid or sulphate of copper, 1 part in 20. For deodorization and disinfection of vaults and cesspools, chloride of lime mixed with plaster of Paris in the proportion of 1 part of chloride to 9 parts of plaster is recommended to be freely scattered over the contents of the vault daily.

For clothing or bedding which has been in contact with the bodies of the sick, boiling in water for at least half an hour will be an efficient disinfectant. If the articles cannot be boiled, exposure to superheated steam for one hour, or, preferably, destruction of the article by fire, is recommended. Fumigation with sulphur, as ordinarily practised, is not to be relied upon. Articles of furniture exposed to infection should be several times washed with a solution of corrosive sublimate, 1 part in 1000; or carbolic acid, 1 part in 50.

For washing the bodies of the sick, a solution of chlorinated soda, diluted with nine parts of water, may be used. A two-per-

cent. solution of carbolic acid may also be employed for this purpose.

The bodies of the dead should be immediately enveloped in a sheet thoroughly saturated with chloride of lime, corrosive sublimate, or carbolic acid solution, to prevent diffusion of the disease germs.

During the occupancy of a sick-room no active efforts for disinfection, except thorough ventilation, are desirable; but after the room is vacated it should be thoroughly fumigated with sulphurous acid gas, burning three pounds of sulphur to every one thousand cubic feet of space, and carefully closing all openings. After twenty-four hours all surfaces should be washed with a solution of corrosive sublimate, one to one thousand, and thoroughly ventilated before being again occupied.

The report also contains directions for disinfecting rags, infected mail-matter, ships, etc., and concludes with a summary giving exact details as to the proper methods of procedure in all cases where disinfection is necessary.

A suggestive paper upon "Sanitary and Statistical Nomenclature" was read by Dr. E. M. Hunt, of New Jersey. Dr. Hunt proposed the name of "Hygieology"—the science of hygiene—in place of such less definite terms as "sanitary science," "preventive medicine," "state medicine," etc. The paper was a praiseworthy attempt to render the terminology used in hygiene more exact than at present.

An elaborate paper, illustrated by diagrams, was read by Dr. Billings, U.S.A., upon "Forms of Tables for Vital Statistics," and later in the session a committee was appointed to report at the next meeting a uniform method of registration of vital statistics.

Dr. Henry B. Baker, of Michigan, presented a carefully-prepared paper upon "The Relations of Rainfall and Water-Supply to Cholera," profusely illustrated by charts and statistical tables, showing the influence of the stage of the ground-water as conditioned by the rainfall upon the propagation of cholera. Dr. Baker showed, from East Indian records, that cholera and rainfall bore a definite relation to each other, the mortality from the disease being greater in the dry season and diminishing during the rainy period. It was also shown that wherever a pure water-supply had been introduced, the mortality from cholera had been markedly diminished. The lesson taught by these facts should be made use of in our efforts to guard against the disease in this country.

A paper showing much original work and careful observation was read by Dr. D. E. Salmon, of Washington, on "The Virus of Hog-Cholera." This animal plague was declared to be an intensely contagious disease, due to a minute organism which has been

isolated and cultivated outside of the body. Inoculation with pure cultures of this organism will develop the disease.

President Cleveland, who had been invited to attend the meeting, sent a letter of regret, which was full of expressions of intelligent appreciation of the work in which the Association is engaged. In the course of his letter the President remarks,—

"Surely the advancement of sanitary science and its practical application to the public health are of immense importance to the people of our land. Of course the value of efforts in the direction of a better understanding of the causes of disease and protection against the same is too palpable for suggestion or argument. But I do not think the advantages of an improvement in the condition and sanitary surroundings of the homes of our workmen, and of the poor among us, are sufficiently appreciated. Healthful and comfortable habitations indicate the best features of a country's prosperity and advancement, and men with good health and wholesome surroundings are apt to be contented and useful citizens.

"The difference in the death-rate of cities and localities unexplained by natural and inherent causes is of itself enough to give great prominence to the work of the Association, and if this beneficent organization shall succeed, as it ought, in impressing upon municipalities the duty of sensible and thorough sewerage, a plentiful and pure supply of water, and general cleanliness, together with a proper construction of school-buildings for the children of their citizens, it may well point with pride to its achievements."

An eloquent address of welcome was delivered by Mr. Edmonds, the President of the Board of Commissioners of the District of Columbia, after which Dr. James E. Reeves, the President of the Association, read his annual address. This was an eloquent appeal for a deeper interest in sanitary matters by the public and by those who make the laws. The National Government should make provision for the study of contagious and infectious diseases, by establishing a national biological laboratory. The amount expended for such investigations would be abundantly repaid in more thorough knowledge of prevention and cure of the diseases investigated. In touching upon the relations of the National Board of Health and of the Marine Hospital Service to the public health interests, Dr. Reeves steered very successfully between Scylla and Charybdis. Dr. Reeves deserves the thanks of all American sanitarians for his skilful avoidance of offence to either faction in a contest which has heretofore caused much bitterness of feeling among men who should, above all others, work together in harmony.

On the second day of the meeting, Dr. P. H. Bryce, of Canada, read a paper on "Small-pox in Canada, and the Methods of Dealing

with it in the Different Provinces." About three thousand one hundred deaths have occurred from the disease during the present epidemic. In addition to vaccination, exposed persons were isolated for a sufficient period, and infected baggage fumigated. The methods in use were described in detail.

A paper on "Impure Air and Unhealthy Occupations as Predisposing Causes of Pulmonary Consumption" was read by Dr. C. W. Chancellor, of Baltimore. Dr. Chancellor stated that in England one-fifth of all the deaths are from pulmonary consumption, in France one-sixth, and in Germany and Austria about one-seventh. In the census year 1880, the proportion of deaths from consumption in this country was one-eighth of the whole number of deaths from all causes.

In considering the causes which lead to this frightful mortality, Dr. Chancellor said, "Pure air is as essential to the health and vigor of the animal system as wholesome food and drink. When contaminated by stagnation, by breathing, by fires, or artificial light, such as candles, lamps, and gas, it operates as a slow poison and gradually undermines the human constitution. Too little attention is paid to proper ventilation of living-apartments. In some houses the windows are unopened for weeks and months together. Crowds of tailors, seamstresses, weavers, shoemakers, and other mechanics employed in sedentary occupations are frequently pent up from morning until night in close and sometimes damp apartments, without even thinking of opening the windows for a single half-hour for the admission of fresh air. Consequently they are continually breathing an atmosphere highly impregnated with the noxious gas emitted from the lungs and the effluvia perspired from their bodies. The sallow complexions of such persons plainly indicate the injurious effects produced by the air they breathe; and, although its pernicious effects may not be sensibly felt, it gradually preys upon their constitutions, and often produces incurable consumptions, which are frequently imputed to other causes.

"It cannot be denied that some occupations are more unhealthy than others. There can be no doubt that the inhabitants of cities are less hardy and more subject to pulmonary disease than those of the country. City people, speaking generally, are pale, of lymphatic temperament, and their muscular system is but poorly developed. Want of a free circulation of a pure, uncontaminated atmosphere is the most powerful cause of this. In addition, in cities the passions are more excitable, indulgence in eating and drinking is more common, with many life is sedentary, and the occupations are altogether more unhealthy than those in the country. Take, for example, those engaged in mercantile life,—merchants and clerks. These, for sanitary purposes, may be divided into three classes:

*

first, those who have but little exercise, such as book-keepers; second, those who have exercise but are confined to their stores in a superheated, unhealthy atmosphere, as, for example, salesmen; and, third, those who have exercise in the open air, or who do out-door work. In the first class the digestive organs suffer, the next from diseases of the pulmonary organs, and the third from the prostrating effects induced by over-mental or bodily exertion, or by corroding care.

"Persons habitually breathing a dust-laden atmosphere, as the artisans and laborers in some manufactories, are more especially liable to pulmonary complaints. The average duration of life among the dry-grinders of forks is 29 years; of razor-grinders, 31 years; of edge-tool grinders, 32 years; knife- and file-grinders, 35 years; and saw- and sickle-grinders, 38 years. Out of every one hundred sick among the needle-makers, 70 are consumptive; and among the file-makers, 62. Taking the steel-grinders all around, a fraction over 40 in the hundred are consumptive, while one-half of the lithographers—workers in copper—have the disease. Grindstone-makers rarely live over 24 years, and the average life of the flint-cutter and glass-polisher is under 30 years, and that of the stone-cutter, 36.

"The problem of how to face this evil is, simply, how to environ each worker in the prosecution of his work with a pure atmosphere. While waiting for legislatures to accomplish this by legal enactments, it is extremely desirable, and even necessary, that consumptive hospitals should be established in every city. While European cities have provided for this purpose, American cities have generally failed to make such provision. It would be a great and truly useful work to devote an edifice in every large city to so benevolent a purpose."

Dr. E. M. Hartwell, of Baltimore, read a carefully-prepared paper upon "The German System of Physical Education," giving a history of the rise and development of the German systems of turning and physical gymnastics.

"The Debit and Credit Account of the Plymouth Epidemic" was the title of a graphic paper by Dr. Benjamin Lee, of Philadelphia. On account of the lateness of the hour when Dr. Lee's paper was called, it received far less attention than its great merits deserved. No abstract within the space at disposal can do the paper justice.

A paper filled with minute details on "Maritime Quarantine from the Mouth of the St. Lawrence to the Rio Grande" was read by Dr. J. H. Rauch, of Illinois. This was followed by an eloquent account of the system of "Sanitary Protection of New Orleans," by Dr. Joseph Holt, of that city, who devised the new system of maritime sanitation at that port. Dr. Holt said that the

people of New Orleans were not yet satisfied that they had secured complete protection, but that they would soon make still further advances towards a thorough and efficient system of sanitary protection against both exotic and domestic pestilences. He insisted upon the absolute necessity of honest and truthful boards of health: these bodies should not be influenced in their decisions by commercial considerations. "Let the world beware," he cried, "of a board of health with commercial alliances in its line of policy. Such a board, with such a policy, is a board without truth!"

Dr. S. T. Armstrong, of the United States Marine Hospital Service, read a paper upon "Maritime Sanitation." The necessity of legislation enforcing the preliminary examination of seamen before shipping was pointed out, as well as the requirements as to cubic space in the sleeping-apartments of the crew.

Professor D. A. Sargent, of Massachusetts, read the report of the Committee on "School Hygiene." The great importance of proper physical training—such training as would develop all the muscles of the body equally—was forcibly dwelt upon. Young people should also be taught the elements of physiology, the necessity of cleanliness, of pure air in houses, etc. These things should not be taught in a perfunctory manner, but pupils should be shown how to apply practically the knowledge gained.

The Committee on Disposal of the Dead reported through the chairman, Dr. John Morris, of Baltimore. An interesting summary of the literature upon the subject during the past year was presented. It was stated that cremation had made great progress in Europe and this country during the year. In France, a bill to legalize the process has been introduced into the Chamber of Deputies. It is proposed to build a large crematorium near Paris. In Italy 396 bodies have been cremated during the year; in Germany, 186. The Spanish Cortes have passed a bill permitting cremation in Spain.

After urging objections to the present mode of disposal of the dead, Dr. Morris said, "If incineration were accepted, all these evils would be arrested. It is generally admitted that this process should be adopted in all great epidemics and after battles; but it would be wise to extend it to cases of zymotic diseases, such as cholera, smallpox, scarlet fever, and diphtheria. These poisons are preserved for years, and at certain times under certain conditions vent their destructive force on the human race."

In a brief discussion which followed the reading of the report, several members dissented from the conclusions arrived at by the committee. It was held that no satisfactory evidence had yet been presented that infectious diseases could be conveyed from cemeteries.

Among the other papers read during the meeting were "The Typhoid Fever Epidemic at Madison, Connecticut," by Dr. C. A. Lindsley, of New Haven; "The Cape Fear River as a Source of Water-Supply," by Dr. Thomas F. Wood, of Wilmington, North Carolina; and "Hygiene of the Dwelling," by G. E. Bell, C.E., of Newport, Rhode Island.

The Lamb prizes for the best essays on sanitary subjects submitted at last year's meeting were awarded as follows:

To Dr. George M. Sternberg, Major and Surgeon, U.S.A., a first prize of \$500 for an essay on "Disinfection and Individual Prophylaxis against Infectious Diseases."

To Dr. Victor C. Vaughan, of Ann Arbor, Michigan, a prize of \$200 for an essay on "Healthy Homes and Foods for the Working-Classes."

To Dr. David F. Lincoln, of Boston, Massachusetts, a prize of \$200 for an essay on "The Sanitary Condition and Necessities of School-Houses and School Life."

To George H. Ireland, of Springfield, Massachusetts, a prize of \$200 for an essay upon "The Preventable Causes of Disease, Injury, and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding them."

Of the \$2800 originally given by Mr. Lamb to be distributed as prizes, under regulations established by the Association, \$1700 remain on hand, which sum is to be again offered for competition. In addition, Mr. Lamb, whose generous ardor seems to increase by what it feeds on, has decided to offer four additional prizes of \$100, \$75, \$50, and \$25 for plans of three classes of houses for the poor, to cost respectively \$600, \$1000, and \$1500.

On motion of Dr. Billings, Mr. Lamb was elected a life-member of the Association by a rising vote.

The Conference of State Boards of Health, which has hitherto maintained a separate organization, will hereafter constitute a section of the Association, and meet at the same time and place.

Officers were elected as follows:

President, Dr. H. P. Walcott, of Massachusetts.

First Vice-President, Dr. C. W. Covernton, Province of Ontario, Canada; Second Vice-President, Dr. G. B. Thornton, of Memphis, Tennessee.

Treasurer, Dr. J. Berrien Lindsley, of Nashville, Tennessee.

President Cleveland was elected an honorary member of the Association.

After the adoption of several resolutions recommended by the Executive Committee, and the appointment of various special committees, the Association adjourned, to meet in Toronto, Canada, during the first week in October, 1886.

After the adjournment, the members and their friends were entertained by the local committee at an oyster roast, which proved a most enjoyable sequel to an interesting and instructive meeting.

G. H. R.

BOSTON.

A POISONING CASE.

SOME excitement has been caused in this community by a wholesale case of poisoning in a house in the most fashionable portion of the city. The symptoms, which at first attacked all the occupants of the house save two young sons and a servant, were those of an irritant poison. A sauce-pan from which the lining had been worn away was at first suspected, and some potatoes which had been cooked therein were analyzed, with the discovery of copper, but in too small quantities, it was thought, to have caused the symptoms. At this time workmen in front of the house were melting tar, and the fumes were very disagreeable to the inmates. The persons who escaped had rooms at the back of the house, which fact led to the supposition that the tar might be the cause of the mischief. But the symptoms continuing, and including œdema of the eyelids, investigation was directed towards the materials used by the workmen to see if they contained arsenic. At this point a fresh and severer outbreak, affecting those previously exempt, recalled attention to the food, and it was found that the boys had eaten for supper of toast made of home-made bread. The boys had not before partaken of this bread. Suspicion was confirmed by the illness of a dog which was fed with bread and milk. The constituents used in the making of the bread were then examined, with the result of finding arsenic in large quantities in the flour-barrel. A few inches below the top of the barrel was a scoopful of a gray substance consisting of a mixture of arsenic and charcoal, probably the substance sold freely by grocers as "Rough on Rats." If this portion had been used in the bread, probably all who partook would have been killed. As it was, the length of time before the discovery of the poison caused serious illness of several members of the family. Even a tramp, who had received a piece of the bread, was found to have suffered. Just before the first occurrence of the poisoning a cook had been discharged from the house, and her place was filled the next day. Suspicion naturally fell upon this person, who might have had the motive of revenge, and she is now under arrest. But up to the present time the police have not discovered who sold the poison, nor have they any positive evidence against her. The statute of Massachusetts forbids any one, under a penalty of fifty dollars, selling arsenic, strychnine, corrosive

sublimate, or prussic acid without a physician's prescription unless the seller records the transaction, with the name and amount of the drug, the date, and the name of the buyer. This law at present proves inoperative to prevent the sale of those poisons under the form of various proprietary vermifuges.

Within a few days an unusually distressing suicide of a promising young lawyer occurred in this city, the lethal agent being cyanide of potassium, which was contained in a labelled package with the instruction, "For cleaning coins."

ETHER IN NORMAL LABOR.

The closing meeting of the Obstetrical Section of the Suffolk District Medical Society for last season and the opening meeting for the present season were both largely occupied with an animated discussion on the subject of ether in normal labor. At the former meeting, following a paper in advocacy of the habitual use of ether, the prevalent opinion seemed to be adverse to its employment, except under some special circumstances which might warrant it. The chief objections were the danger to mother and child connected with the anæsthetic itself, the suspension of voluntary efforts by the mother, and chiefly the danger of uterine inertia and post-partum hemorrhage. The most strenuous opposition to these views was offered by Prof. J. P. Reynolds, of the Harvard Medical School, who insisted that the induction of only partial anæsthesia obviated the first two risks, and that as for flooding, that was due to uterine inertia, which, in turn, was due less to any other one thing than to nervous exhaustion. Therefore, he claimed, if the woman is wearied by suffering, relief through anæsthesia is the surest means of averting the danger of post-partum hemorrhage. He remarked that he was then awaiting a summons to a case of special anxiety, through the high social position of the woman, and the fact that she had in previous labors flowed to an alarming extent. Yet, in spite of what had been said of the dangers of post-partum relaxation from the use of anæsthetics, he should consider it his duty to employ ether in her accouchement, for the express purpose of averting this danger.

At the first meeting of the Section after the summer recess, Dr. Reynolds presented a summary of all the cases of midwifery he had had since the previous meeting, including the case above referred to and two others of similar character, when there was particular reason to fear flooding. These he considered would be test cases for the question of anæsthesia, and so treated them. In the whole series of cases ether had been given, usually to the extent merely of obtunding sensibility during the pains, but where forceps were applied, as in some of the cases, to complete anæsthesia. In none of the cases had there

been undue loss of blood or any other abnormality. He was therefore confirmed in his belief that it was the *duty* of every practitioner, on the score of humanity, to afford to all parturient women the relief which might be gained through the use of ether in labor. These remarks applied chiefly to the second stage of labor, as in the first stage he employed chloral and morphia for the same purpose.

A MALPRACTICE SUIT.

One of those unpleasant experiences which are a terror to hospital physicians has recently befallen Dr. Baker, the well-known gynaecologist of this city. A woman who had been the rounds of various hospitals was received into the Free Hospital for Women, of which Dr. Baker is the head. An operation was advised, and its nature, with the possibility of its failure, fully explained. She was even advised to consult her friends before deciding to have it performed. She does this, and repeats to many people what had been told her by the surgeon. From the severity of her suffering, she concludes to accept the operation, and sends for a clergyman, who administers the communion. The operation is performed, and is partially successful. She leaves the hospital, and even expresses her gratitude to the surgeon who has given her his services. The next chapter in the story is the bringing of a suit against the surgeon for ten thousand dollars damages, for having performed, against her consent and without her knowledge, an unjustifiable operation, which had left her crippled. Damages in twenty thousand dollars are also claimed against the hospital which has given her gratuitous board and care. She declared that she was enticed into the hospital on representation that she could there be cured; that she had no suspicion that an operation was contemplated until she overheard the nurses discussing it, and, on expressing her alarm, was assured that nothing would be done without her consent; that she soon after came to consciousness after an anæsthetic to find that she had been made the victim of an operation. She also claimed to have been ejected from the hospital at an inclement season, and at a late hour in the day. At the trial there was testimony from surgeons that she had consulted them beforehand about the operation, and had told them who was to perform it. This evidence was reinforced by that of other persons, including the clergyman. But the case resulted in a disagreement of the jury, and it is reported that ten of the number favored the claims of the plaintiff. It seems to be a dangerous thing, sometimes, to give your services to the suffering poor.

AN ETHICAL QUESTION

of some practical importance has been presented to the Boston physicians for individual

solution. Not long ago a burglary occurred at night, which was discovered by a policeman, who arrested one of the burglars. An accomplice attempted the latter's rescue, but was beaten over the head with the watchman's club, which afterwards presented signs of sanguinary use. The case was reported by the policeman, who was confident that he had inflicted serious injury. The following day an order was issued that the patrolmen should call upon every physician in the city, to inquire if any one had on that day dressed scalp-wounds in a man answering to such a description, and, if so, to obtain information which might lead to his discovery. It was believed that the man must have called medical aid. A great many of the doctors who gave negative answers to the inquiry asked themselves the question whether they would be justified in exposing the criminal, supposing they had obtained knowledge of him through his seeking their professional services. There was a rather wide-spread feeling that the police authorities had adopted an unjustifiable mode of investigation for apprehending a man who, though a criminal and one whom all good citizens would wish to see brought to justice, had nevertheless, by coming as a patient, a right to protection from exposure by his professional attendant. If there is a "seal of the confessional," why not a seal of the consulting-room? At all events, the police inquiry was fruitless, which may mean that some physician took this view of the matter.

C. F. W.

Boston, December 2, 1885.

PROCEEDINGS OF SOCIETIES.

NEW YORK ACADEMY OF MEDICINE.

A STATED meeting was held December 3, 1885, A. JACOBI, M.D., President, in the chair.

A review of the life of Louis Elsberg, M.D., and of the advancement of our knowledge of diseases of the throat during his professional career, was read by Dr. M. H. HENRY.

The scientific paper of the evening was read by Dr. SAMUEL W. SMITH, and was entitled

ORIGINAL DEDUCTIONS DRAWN FROM A STUDY OF ONE HUNDRED CASES OF FRACTURE OF THE UPPER EXTREMITY, EXCLUDING THE HAND.

The cases observed had come under his care principally during the past four years at the Demilt Dispensary. Nearly one-half of the fractures had occurred in children under twelve years of age, and of these twenty-five were fractures of the clavicle, eight of the condyles of the humerus, and one of the lower end of the radius. Of the cases occurring in persons over twelve years of age,

twelve were fractures of the clavicle, three of the condyles of the humerus, and twenty-four of the lower end of the radius. The author described the nature of the fracture in these cases, which he thought had an important bearing upon the treatment, the principal points being with regard to location, and whether or not the fracture was transverse, short-oblique, or long-oblique. Speaking of fractures of the lower end of the radius, he confined his remarks to the so-called "Colles" fracture, and said he conceived an important difference to exist between this fracture and the short-oblique or transverse, for in the latter case the characteristic deformity of the Colles fracture did not present unless there were at the same time impaction of the upper fragment. But the text-books omitted to mention the peculiar obliquity of the Colles fracture. He said, "The kind of splint used, and the after-management of the case, should, therefore, depend largely upon the fact whether the obliquity of the fracture be long or short. In the former case we have the action of the supinator longus with the extensors constantly drawing the lower fragment upward, and its carpal end with the carpal bones backward and the hand outward, which gives rise to the posterior deformity and appearance of dislocation of the ulna: hence, as the obliquity is great, the difficulty of retaining the fragments in apposition after reduction is correspondingly great, and by the drawing upward of the lower fragment we have a shortening of the radius, giving rise to the unnatural convexity over the head of the ulna so common after treatment of these fractures. Dr. Moore, however, claims that the inner deformity over the head of the ulna is due to the giving way of the internal lateral ligament and the triangular fibrocartilage, the styloid process and, sometimes, the head of the ulna being thrust through the annular ligament. This may or may not be the case, and is difficult of demonstration. Through the kindness of Dr. Dennis, I was shown a remarkable specimen of so-called Colles fracture, with dislocation of the ulna, the head of the bone tearing through the annular ligament. This specimen was taken from a woman who had thrown herself head foremost from a third-story window, striking upon her hands. The force of the blow was greater than is necessary to produce a Colles fracture: hence the driving of the head through the annular ligament and the comminution of the lower fragment of the radius."

In speaking of these fractures, he used the term Colles fracture only where the fracture was of the long-oblique variety and where it gave rise to the characteristic deformity as discovered by Mr. Colles; the words short-oblique or transverse being employed where the fracture occurs in the same location, but with deformity less marked, and, after the fragments had been brought into apposition,

they are more easily held in their natural position.

There were upon his list twenty-five fractures of the lower end of the radius: of these, two occurred in children under twelve years of age, one being transverse and one a separation of the epiphysis with no deformity. Eleven cases were between the ages of twelve and fifty years: of these, eight were short-oblique or transverse, with some deformity, and three were instances of Colles fracture, in which the deformity was well marked; twelve occurred in patients over fifty years of age, and of these two were short-oblique or transverse, with considerable of the characteristic deformity of the Colles fracture, but easily reduced and readily held in position. The remaining ten were Colles fractures, the characteristic deformity being well marked in all of them.

The main object in the treatment of fracture of the clavicle, he believed, is to lift the shoulder upward, outward, and backward, and to hold the fragments in apposition, the dressings in common use being Desault's, Sayre's, and Moore's. In the use of Desault's splint for oblique fracture near the inner third of the clavicle, Dr. Smith had never been able to throw the shoulder sufficiently outward to overcome the deformity without seriously interfering with the circulation of the arm by pressure upon the axillary vessels. One great objection to Dr. Sayre's splint of adhesive plaster is that it irritates the skin and causes superficial ulceration. Dr. Moore's "figure-of-eight" dressing was a step in advance, but it answered the opposite of its intended purpose in oblique fracture near the inner third. This had led Dr. Smith to carry Dr. Moore's idea a step farther by making a clove-hitch with a scarf around the forearm, well up, near the bend of the elbow, passing the loose ends across the back and over the uninjured shoulder. This enabled him to draw the elbow of the injured side farther backward, inward, and upward, and to make the humerus a lever and the side of the chest a fulcrum by which he could lift the shoulder of the injured side upward, throw it outward, and draw it backward. He could thus completely overcome the action of the subclavius muscle, and also that of the sternocleidomastoid by tension upon the pectoralis major, at the same time fixing the scapula and firmly holding the fragments in apposition, without at any time interfering with the local circulation.

With regard to fractures of the condyles of the humerus, a varied experience, full of disappointments, in the use of the known splints for the more severe fractures of the condyles, had set him to work to make a splint which should fulfil the following requisites: 1, to hold the fragments in apposition; 2, to lengthen or lessen the external lateral angle of the arm with fixation; 3, to leave the en-

tire elbow-joint exposed for local treatment during the whole time of wearing the splint without disturbing it.

The instrument which he had devised and now exhibited he described as being made of two rods of untempered steel, extending from the upper part of the arm to the wrist, with a ball-and-socket joint at the elbow and screws for fixation; the lower ends were passed into a sheath-screw upon each side of the wrist; the upper ends passed through two iron posts set in tin and made fast to the arm by plaster-of-Paris bandages, the rods being made firm in the posts by thumb-screws. On each side of the wrist was a post through which the sheath-screw passed and was made fast to the wrist in the same manner as the upper parts, and fastened with fixation-screws. By moving the sheath-screws, the lateral angle of the arm could be contracted or widened as needed, thus overcoming any tendency to loss of the carrying-point. A turn of the fixation-screws at the elbow and wrist would allow the forearm to be flexed, extended, pronated, supinated, and fixed at any desired point, without other interference with the splint.

Regarding passive motion, Dr. Smith thought the time for its commencement varied in different cases. While motion might be wisely commenced within a week from the injury in one case, in another it should not be begun for three or four weeks.

The topic of the treatment of Colles fracture remains for consideration in a future paper. He related some cases, however, and pointed out the danger of leaving a splint on for too long a time without observing the condition of the parts.

DISCUSSION.

Dr. JOSEPH D. BRYANT made some remarks on fracture of the clavicle, and said that he thought the deformity was due to the fact that the clavicle had ceased to serve its intended use,—namely, to hold the shoulder backward, upward, and outward. He did not think the subclavius muscle played any important part in the production of the deformity. Regarding the treatment, the indications were met by Dr. Sayre's apparatus, also by that of Dr. Moore, and also, so far as he was able to judge from casual observation, by the apparatus presented by Dr. Smith. Besides, the latter, of which he thought well, is free from certain objections which pertain to the other two.

Dr. A. C. POST thought the most important distinction to be made with regard to location of fractures of the clavicle was between those occurring in the natural divisions,—*i.e.*, those which occur at the inner side of the coraco-clavicular ligament, those which occur between the coronoid and trapezoid ligaments, and those which occur on the outer side of the trapezoid ligament. In the first

situation fracture of the clavicle causes considerable deformity; as the rule, the clavicle is apparently shortened and the shoulder falls, the outer fragment being below the level of the inner fragment. In the second situation there is ordinarily but little deformity, and little treatment was required except rest and support by a sling. In the third situation there is, again, considerable deformity, but of an entirely different character from that accompanying fracture occurring on the inner side of the conoid ligament; in this the shoulder is thrown forward, and the short fragment connected with the acromion is placed at nearly a right angle with the long fragment, and is nearly on the same level; there is no falling.

Dr. A. H. GOELET had used a bandage similar to that employed by Dr. Smith, but made of roller bandage. In a case of fracture of the clavicle in which the adhesive plaster employed in Sayre's method of treatment had given rise to great discomfort, the change had given the patient complete comfort.

Dr. SMITH, in closing the discussion, said he had followed Hamilton's division of the clavicle into thirds. His cases had led him to believe that the subclavius muscle played an important part in the production of the deformity. Only one of his cases was in the outer third of the clavicle.

Dr. C. R. AGNEW offered the following resolution:

"Resolved, That it is the opinion of the Academy of Medicine that any judicial or other action which in its effect discourages members of the medical profession in making early reports to the Board of Health of cases of supposed contagious or infectious diseases is contrary to public policy and most detrimental to the interests of public health."

This was carried unanimously, and the Society adjourned.

NEW YORK PATHOLOGICAL SOCIETY.

A STATED meeting was held December 9, 1885, the President, JOHN A. WYETH, M.D., in the chair.

PERINEPHRITIC CYST OF BOTH KIDNEYS.

Dr. T. M. PRUDDEN made the report of the microscopical examination of specimens presented at the last meeting of the Society for a candidate by Dr. H. J. Boldt. The specimens, he said, were of unusual interest and represented a rare condition. One tumor filled nearly the entire right side of the abdominal cavity; a similar tumor occupied the left side, but was somewhat smaller. One contained a litre of gelatinous fluid; the other, three hundred cubic centimetres. They were perinephritic, and the kidneys were besprinkled with small cysts containing a simi-

lar fluid. The fluid in the larger cysts had evidently insinuated its way into the uriniferous tubules, and a part of these were distended to the extent of losing their distinct characters and forming little cysts. One side of the kidney, the side on which the cyst-sac was non-adherent, was smooth, and the renal structure showed marked chronic interstitial inflammation. In the vicinity of the small cysts were hæmatoidin crystals.

Dr. PRUDDEN also presented for a candidate a specimen of carcinoma of the stomach, liver, and omentum.

SARCOMA OF THE LIVER.

Dr. H. J. BOLDT presented a part of a liver which weighed nineteen and a half pounds, and which was the seat of sarcoma. It was of special interest with regard to the difficulty of diagnosis. Some of the physicians who saw the patient thought the condition was amyloid change in the liver, probably due to syphilis, of which disease there was an imperfect history. Dr. Boldt was at first of this opinion, but later changed his diagnosis to malignant disease of the liver. One eye had been enucleated by Dr. Knapp.

CYSTS OF BOTH KIDNEYS AND OF THE LIVER.

Dr. J. W. ROOSEVELT presented both kidneys and the liver, which were the seat of cystic degeneration, removed from the body of a man who entered Roosevelt Hospital July 6, 1883. He was 37 years of age, a laborer, a hard drinker. He had complained for a year of palpitation of the heart and of seeing muscæ volitantes. He had also suffered from headache, dyspnoea on exertion, and oedema. On admission, there was some dyspnoea, respirations 31; the urine was of low specific gravity, and contained five per cent. albumen. The liver and abdominal veins were enlarged. July 12, he became comatose after a severe attack of dyspnoea, and died. There were oedema and old adhesions of the lungs, and some other lesions, the most interesting of which were cysts of the liver, varying in size from that of a lemon down, and of the kidneys. Both kidneys were converted into masses of cysts. Dr. Roosevelt, in the short search which he had made, had been unable to collect more than four cases of the kind.

Dr. ROOSEVELT also presented the bladder and kidneys of a man who had died with symptoms of pyelitis. A stone had been detected in the bladder on admission to the hospital, a few hours before death. One kidney was converted into a small cyst; the other was enlarged,—the so-called surgical kidney. The walls of the bladder were much thickened, and in the viscus was a stone about the size of a walnut.

OSTEITIS OF THE FIBULA.

Dr. WACKERHAGEN presented the lower

end of the fibula, the seat of necrosis, removed in the case of a girl, 13 years of age, who, in July, 1882, fell, producing a contusion of the right ankle. An abscess broke spontaneously. Some trouble in the ankle continued until the spring of 1885, when Dr. Wackerhagen excised two and a half inches of the lower end of the fibula, which had undergone necrosis. The disease had encroached slightly upon the astragalus, which was scraped. The patient made a good recovery, and there were now, seven months after the operation, no signs of disease.

Dr. GIBNEY and the PRESIDENT spoke of the rarity of disease of the lower end of the fibula without involvement of the bones of the tarsus or of the tibia.

RENAL INFARCTIONS; ANTE-MORTEM HEART-CLOTS, ETC.

Dr. L. EMMET HOLT presented the heart and kidneys of a child which had died aged 17 months. It was delicate, and manifested more than the ordinary amount of cerebral irritation during the cutting of teeth. On the last occasion, ten days before death, the disturbance of the brain and nervous system was greater than usual. Drugs had little effect. Two days before death the temperature rose to 104°, the child became comatose, and three hours before death marked cyanosis developed. At the autopsy, the dura mater was apparently normal; there was slight milkiness of the pia; the vessels of the right hemisphere were markedly engorged; those on the left side were apparently anæmic; the same condition was observed in the interior of the brain and in the cerebellum. The cerebral arteries were examined to the second bifurcation, and no obstruction was found. In the left hemisphere the sinuses were occupied by firm decolorized thrombi. This condition was not present on the right side. The heart was apparently normal, but upon both sides were very hard, closely-adherent clots; that upon the right side completely filled the cavity. On the surface of the kidneys were a number of nodules, varying in size from a pea to the end of one's finger. The gross appearances were somewhat suggestive of malignant disease; but the microscopical examination showed white infarction in marked degree. There was commencing diffuse nephritis. Dr. Holt thought the heart-clots were ante-mortem. There was no clear explanation for the post-mortem conditions.

MULTIPLE MYOMA OF THE STOMACH AND BLADDER.

Dr. R. VAN SANTVOORD presented specimens removed from the body of a man 70 years of age, who entered the hospital about two days before death. He was suffering chiefly from dyspnoea. There was considerable fluid in both pleural cavities, and a loud

systolic murmur of uncertain origin. He died apparently from dyspnoea. The autopsy showed pleurisy and fibroid phthisis. The lesions of chief interest pathologically were in the stomach, rectum, and bladder. The stomach was eight inches long, and a saddle-shaped neoplasm, two and a half inches in length and breadth and about half an inch thick, occupied the lesser curvature: it was apparently situated in the muscular layer, and was composed of muscular tissue. The capsules of the liver and spleen and the mesenteries were thickened, and adhesions had formed among the abdominal organs. The liver and spleen were considerably diminished in size; the vessels of the kidneys were in an advanced stage of fibroid degeneration; the bladder contained a circular tumor one inch in diameter and one-fourth of an inch thick, presenting the appearance of a muscular growth; there was also a similar tumor in the wall of the rectum, which was adherent to the base of the bladder by an old process; the aorta was markedly calcareous; the cerebral vessels were very brittle.

THE PHYSICAL SIGNS OF PNEUMONIA.

Dr. VAN SANTVOORD also presented specimens removed from the body of a man who came into Randall's Island Hospital with the following history. On admission, his mental condition was fair, and he said that he had been sick seventeen or eighteen days with a fever and cough, but without expectoration. There was marked dulness over the upper lobe, with flatness over the lower lobe; auscultation revealed absence of respiratory murmur over the lower lobe, and amphoric breathing over the upper. The examination was made by Dr. E. A. Maxwell. On the following day the amphoric breathing had disappeared, and bronchial breathing had taken its place. Over the lower lobe flatness had also disappeared, and bronchial breathing had appeared where there was absence of respiratory murmur before. The urine contained albumen to the extent of one-eighth of its bulk, and there were epithelial and blood casts and free blood. On the last day of his life the patient had three epileptiform convulsions.

Autopsy.—The body was in a fair state of nutrition; the arachnoid was thickened as if by some chronic process, and under it was a quantity of a somewhat gelatinous lymph infiltrated with pus. This appearance covered the convex surface, and at the base extended into the spinal canal, especially on the posterior surface of the cord. The upper lobe of the right lung was in a condition of gray hepatization, and differed from that ordinarily observed in the fact that the consolidation extended very nearly to the anterior edge of the lung, which is free, as a rule, in pneumonia of the upper lobe. This fact was interesting in connection with the physical signs. Dr.

Janeway had already called attention to the fact that in pneumonia affecting the upper lobe and extending nearly or completely to the anterior edge there might be not only amphoric respiration instead of bronchial, but also cracked-pot note, because the wedge of lung pressed firmly upon the bronchus and gave rise by pressure to the possibility of cracked-pot resonance on percussion. The left ventricle was considerably hypertrophied; the arteries showed atheromatous change; the kidneys contained a few cysts; one cyst at the upper extremity of one kidney was as large as a turkey's egg; the capsules stripped readily, and the kidney itself had considerable fat in the pelvis, and the process appeared to be one of chronic diffuse nephritis, with great predominance of parenchymatous change; the urine had shown that there was an acute interstitial nephritis, which was the fatal factor in the case. The other viscera presented no lesions of special importance.

CONGENITAL TUMORS OF THE ANTITRAGUS.

The PRESIDENT presented three small congenital tumors, probably composed of yellow fibroid cartilage, removed from in front of the tragus. The father and aunt had had similar tumors.

TUBERCULAR TESTIS.

The PRESIDENT also presented a testicle removed from a man 55 years of age, who had had hernia upon the left side for twenty-five years. About seven months ago the left testicle became enlarged and slightly painful. It gradually increased in size, and six weeks ago extended upward into the inguinal canal, becoming harder and more tender. The patient was more or less constipated, had slight abdominal pains, and pain was almost continuous just below Poupart's ligament. He had lately been treated for posterior spinal sclerosis. The family history was negative. On examination, Dr. Wyeth found a tumor as large as one's fist, evidently containing fluid and extending up the inguinal canal. The diagnosis was possible hydrocele or simple peri-orchitis; there were also indefinite symptoms of strangulated hernia. Operation revealed double cyst, one outside and the other inside the cord; the testicle was enlarged, and microscopic examination would probably show tuberculosis. It was referred to the Committee on Microscopy.

PHILADELPHIA NEUROLOGICAL SOCIETY.

A STATED meeting of the Society was held Monday evening, October 26, 1885, the Vice-President, Dr. CHARLES K. MILLS, in the chair.

Dr. HENRY M. WETHERILL, JR., read a paper entitled

HYOSCINE HYDROBROMATE.

The discussion on Dr. Wetherill's paper* was opened by Dr. D. D. RICHARDSON, who said it had been his experience to find that hyoscine caused dilatation of the pupils. In some cases the pupils remained dilated for a few days, but as a rule it disappeared sooner. The pulse was always much increased; with the exception of one case, it was always above 120. Respiration increased often to 40 per minute. He agreed with Dr. Wetherill as regards rise of temperature and increased respiration. The appetite is not influenced by the use of the drug. The secretions, he said, were generally increased, especially that of the kidneys. No constipation resulted from its use.

Dr. CHAPIN said he had been a daily observer of the experiments of Dr. Wetherill, and entirely concurred with his remarks. He said he had always found the pulse to be hurried. The sleep which resulted from its use has been from eight to ten hours. He thought the difference of opinion as to the physiological actions of the drug might be due to different preparations of it.

Dr. WETHERILL, in conclusion, said that the dryness of the throat was very decided. There was also a relaxation of the muscles of the throat.

The next paper read was entitled

THE PRINCIPLES GOVERNING THE CHOICE OF CURRENTS IN ELECTRO-THERAPEUTICS. BY G. BETTON MASSEY, M.D.

The reader pointed out the value of more accurate conceptions of the differences in the physical character of faradic and galvanic currents as a basis for their intelligent selection. The therapeutic value of faradism is due entirely to its electro-motive pressure, while the most useful medical quality of the galvanic current is its volume.

Electro-motive pressure and electric volume are essentially different articles of the materia medica, and should be so considered.

The therapeutics of "volt-pressure" applications were reviewed, including the differing indications for slow-succession and rapid-succession faradic currents, and were contrasted with the therapeutics of "milliampère-volume" applications.

The paper concluded with the statement that the faradic current presents the best form of electricity for the treatment of those diseases in which a stimulation of mobility or sensibility is either directly or indirectly curative, with the single exception of disorders characterized by the appearance of degenerative response, while the constant galvanic current may be relied upon to fulfil the remaining possibilities of electricity in medicine.

LEWIS BRINTON, M.D.,

Recorder.

* See page 237.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, DECEMBER 10, 1885.

The President, J. C. WILSON, M.D., in the chair.

Dr. G. E. DE SCHWEINITZ presented a

TUMOR OF THE TESTICLE.

Eighteen months before the first evidences of enlargement of the testicle, the patient had contracted syphilis. This led to a diagnosis of syphilitic disease of the testicle; but the steady progress of the enlargement, in spite of specific treatment, soon compelled a change of diagnosis, with a consequent removal of the organ. One month after this removal the patient died, with recurrence in the abdomen. Microscopic examination of the growth showed a stroma of young spindle-cells, interspersed with variously-shaped collections of cells closely resembling cancer-cell nests. The seminiferous tubules are normal, and their cells are in active proliferation or have passed out into the surrounding tissue to help form the nests mentioned.

Dr. H. R. WHARTON presented a specimen from a case of

GELATINIFORM ARTHRITIS OF THE KNEE-JOINT.

The joint had been diseased for two years, and was excised by Dr. John Ashhurst, Jr. In addition to the usual signs of the disease, the specimen showed a circumscribed patch of caries in the external condyle of the femur.

Also, a larynx and trachea from a case of

MEMBRANOUS CROUP

in which tracheotomy had been performed. The patient, a girl, *æt.* 4 years, had had croup for some days, when increasing dyspnoea necessitated tracheotomy. After a period of relief, she died suddenly. Post-mortem examination showed a complete membranous cylindrical cast of the larynx and trachea, extending into the larger bronchi. There was also an ante-mortem heart-clot. The exhibitor remarked that the points of greatest interest to him were the great relief following the operation, although there was much membrane below the point of opening, showing that the dyspnoea was due to a certain extent to reflex laryngeal spasm; the extreme smallness of the trachea; the extensive deposit of membrane; and the fact that the tracheal tube might easily have been pushed between the membrane and the inner surface of the trachea.

Dr. CARL SEILER thought that in these cases of croup, as well as in cases of foreign body in the larynx, it was a reflex spasm, rather than the direct obstruction, that caused the dyspnoea. He had found that it is not

inspiration that is interfered with, but expiration. This would lead to the conclusion that the involvement is due to spasm. Now, if it is principally spasm, intubation of the larynx might in some cases supplant tracheotomy: it might at least be tried before tracheotomy is resorted to.

Dr. WHARTON thought that in movable foreign bodies it was the expiration that was most interfered with, while in an impacted foreign body or in an exudation it was the inspiration. This he had been accustomed to regard as a diagnostic point.

Dr. J. B. DEEVER presented a

CONGENITALLY-MISPLACED RIGHT KIDNEY,

taken from the body of a subject in the dissecting-room of the University of Pennsylvania. It was situated opposite the fourth lumbar vertebra, resting upon the aorta and common iliac arteries and veins. It derived its blood-supply from the aorta and common iliac by two arteries. The two veins emptied into the ascending vena cava and common iliac. The ureter sprang from the anterior surface and entered the bladder normally.

Dr. H. A. HARE presented a patient with an

ANOMALOUS HAND,

a negro, *æt.* 45 years, who had a supernumerary little finger on each hand. Each finger has a nail and is fairly well formed, but is apparently not connected with a metacarpal bone. He has nine children: the first, a boy, has six fingers on each hand; second and third, normal; fourth and fifth, girls, each six fingers on each hand; remaining children normal. He knows nothing of his parents.

Dr. WHARTON SINKLER had had a patient under his observation some years before who had a perfectly-formed and useful supernumerary third finger, which was, he thought, connected with a supernumerary metacarpal bone. He was one of four sons, three of whom had supernumerary fingers or toes, as also had his father and some of his paternal uncles. There were no deformed females in the family.

Dr. JAMES TYSON recalled two instances of this anomaly: the first in a colored boy, whose father presented the same condition; the second in an idiot, with no family history of heredity.

Dr. DE SCHWEINITZ mentioned a case in which this anomaly had passed through two generations. He also referred to a *fœtus* whose cystic degenerated kidneys he had presented to the Society, in which were present on each side six fingers and toes, in which dissection showed the supernumerary digits to be supplied with supernumerary metacarpal or tarsal bones.

The PRESIDENT had seen several cases of this anomaly in which the supernumerary

digit was a mere dermal appendage, situated at the outer side of the hand, near the base of the little finger. Two of these instances had occurred in the same family.

Dr. B. A. RANDALL asked if supernumerary metacarpal or tarsal bones are often to be found in these cases,—a point rather neglected in the previous discussion.

Dr. WHARTON had seen a case in which there was a well-marked supernumerary metacarpal bone, in connection with a perfectly-developed supernumerary finger between the middle and ring fingers.

Dr. H. F. FORMAD had seen a case in which there was no corresponding metacarpal bone, while in the child's grandfather there was a well-developed supernumerary metacarpal bone. The intervening generation was normal.

Dr. W. E. HUGHES said that these, like all other anomalies, were very frequently hereditary, and, again like other anomalies, were much most common in the colored race. There were all varieties of them, from mere dermal appendages, such as are present in the case to-night, to perfect fingers attached to perfect supernumerary metacarpal bones. Between these were cases in which a perfect supernumerary finger was attached to a normal metacarpal bone by a joint separate from the joint of the normal finger. Very rarely there were supernumerary carpal or tarsal bones.

Dr. HARE said that metacarpal or tarsal bones were rare; that dermal appendages were quite common; and that bifid members occupied an intermediate position.

Dr. A. S. ROBERTS read notes on a case of

DEFORMITY OF THE FOREARM AND HAND,

with an unusual history of hereditary congenital deformity.

(To be continued.)

NEW REMEDIES AND CLINICAL NOTES.

TREATMENT OF HEMORRHOIDS.—In an inaugural thesis, Dr. Rosière discusses the treatment of hemorrhoids, and recommends forced dilatation of the sphincter ani as a means of avoiding pain and hemorrhage, except in cases with procidentia without contracture. As regards treatment by cauterization, which is in some cases more suitable, the method of Richet is to isolate the tumors and grasp them with his forceps, which combine crushing with the galvano-cautery. The base of the hemorrhoid is first tied with copper wire, and then the tumor removed with the pincers. The hemorrhoids disappear so quickly as to suggest the idea and name of volatilization. Operating in this way, Richet has treated one

hundred and sixty cases, without having to deplore a single death.—*Revue de Thérapeutique Méd.-Chir.*, No. 19.

GANGRENE OF SCROTUM FOLLOWING EXCISION OF INGUINAL GLANDS.—Dr. W. B. Platt, of Baltimore, communicates to the *Medical News* the records of three cases of limited gangrene of the scrotum following removal of indurated inguinal glands. Within a few days after the operation on the lymphatic glands the bottom of the scrotum became red, swollen, and tender, and a slough shortly afterwards separated, the surface subsequently healing by granulation. The testicles were not exposed. This result occurred in one case in which the original operation was done with full antiseptic precautions. The lesion was regarded as an acute reflex gangrene from intense irritation of trophic nerves.

MISCELLANY.

THE VALUE OF A CORPSE.—The question whether a dead body is property or not has been before the courts occasionally for adjudication, and has been decided almost always to the effect that it could not be considered as a subject of barter and sale. Some courts have held that there was absolutely no property in a dead body, although there might be in the shroud or coffin. Other courts have held that there was a quasi-ownership which would enable the next of kin to hold possession or remove the body under certain circumstances. The legality of the sale of a corpse for the purposes of dissection has been denied, and judgment refused for the alleged price. A question of this sort came recently before a court at Washington, although the outcome has not been published. It arose in a suit brought by a certain doctor against the demonstrator of anatomy of the medical department of the Georgetown College, to secure payment for a subject said to have been delivered to the college on the order of the demonstrator. The charge was fifteen dollars, which the claimant says was less than usual. Payment was refused, and he thereupon brought suit. The defence interposed was to the effect that the dead body was not property, and that it was stolen from a cemetery. It is said that the latter statement is not denied by the doctor, whose name was mentioned by some of the papers in connection with the stealing of the body of A. T. Stewart some years ago in New York. There seems to be little doubt of the decision of the suit, for the courts have expressly refused to help a creditor trying to enforce a claim of this kind. In addition to this, almost all the States have placed a heavy criminal punishment upon attempts to remove bodies from cemeteries for purposes of dissection.

BUTTER-SUBSTITUTES.—The oleomargarine question is a burning one at every meeting of dairymen, and as a health problem demands the attention of all persons desirous of preventing adulteration in food-products. Almost all of the States have more or less stringent laws on the subject of manufacture or sale, but it is difficult to enforce them. Oleomargarine is manufactured very extensively, and when composed of pure materials and combined in a cleanly manner cannot be said to be unhealthy; but the process of manufacture is not always satisfactory, and the product is almost invariably put on the market as pure butter. This fraud is one which the laws are always aimed at, but the practical difficulty of determining the imitation butter from the real has caused the sales to be immense. The only remedy was thought by the New York farmers to lie in absolute prohibition of all manufacture and sale, and such a law was placed on the statute-book some two years since. Unlike other prohibitory laws, it was vigorously enforced, and there was little oleomargarine either made or sold until the Court of Appeals in that State decided not long ago that the law was unconstitutional, and that a statute prohibiting a manufacture which, when properly carried on, did not produce an unhealthy article of food, was contrary to the spirit of our institutions. Right upon the heels of this decision the oleomargarine-manufactories opened up, and have been in full blast ever since. As a result, it is said that one establishment in New York City has placed upon the market during the past year two million pounds of the stuff, while one in Providence has manufactured one million seven hundred and fifty thousand, and one in Boston one million one hundred and fifty thousand.

The sale of oleomargarine interferes very seriously with that of genuine dairy-products, and the whole farming interest is becoming aroused on the subject. At the recent sessions of the National Butter, Cheese, and Eggs Convention in Chicago some appalling statistics were presented, and a lively discussion took place as to the best preventive measures to be adopted. One of the best suggestions was a demand that Congress pass a general law prohibiting the use of coloring-matter and the sale of oleomargarine for real butter. It is questionable, however, whether Congress will not say that the States must regulate the matter for themselves.

THE PUBLICATION OF THE MEDICAL ANNALS OF THE UNITED STATES NAVY.—At the regular monthly meeting of the Newport Medical Society held December 2, it was voted that "our associate member, Dr. Ayre, of the United States Navy, who is stationed at the Torpedo Station in this harbor, be requested to personally act with the Newport Medical Society in securing the publication of

the valuable 'Medical History of the United States Navy during the War of the Rebellion.' A large portion of this material is ready for publication, but, owing to the want of Congressional appropriation, is not available for the use of the medical profession.

The very liberal aid afforded the Army Medical Department in publishing the Medical and Surgical History of the War of the Rebellion, and the acknowledged value of that great work, is sufficient excuse, if any be needed, for pressing the importance of an appropriation for publishing our naval medical and surgical history.

MEDICO-CHIRURGICAL COLLEGE, Philadelphia, December 1, 1885.—Section IV. of the Pennsylvania Registration Law of 1881 requires that diplomas from outside of the State must receive the endorsement of a recognized medical faculty within the State before registration; but, before giving such, the faculty must be satisfied as to the qualifications of the applicant. As the endorsement of a diploma is an acknowledgment of the qualifications of its holder as well as of its genuineness, the faculty of this College desires to announce that it will endorse no diploma for registration until the holder thereof passes a satisfactory medical examination. The fee for such examination is thirty dollars. P. D. KEYSER, Dean; W. F. WAUGH, Secretary.

LIABILITY FOR MISTAKES IN DISPENSING.—The courts have been called upon more than once to determine the liability of a druggist who puts up belladonna by mistake in a prescription calling for extract of dandelion. The latest instance occurred in Iowa, where the facts showed that the customer proceeded to help himself from the jar containing the drug which the apothecary was using to fill the prescription. The customer was injured by the dose he took, and brought suit against the apothecary for damages. The defence interposed was that the customer was a trespasser in helping himself, and could not hold the apothecary liable. This defence was brushed away by the court, which held that if the customer took the dose from the same jar used by the apothecary himself it was under the implied promise assumed by the law that he would pay for what he took, and that in this view he could not be held to be a trespasser. The apothecary was therefore held liable in damages for not knowing what drug he was compounding.

A TIMELY HINT.—The subscription-price of the PHILADELPHIA MEDICAL TIMES is only two dollars a year. *Verbum sap.*

NOTES AND QUERIES.

OBITUARY.

DR. ALBERT HOLMES SMITH died at his home in this city on the 14th instant, in the fifty-first year of his age. He

was a native of Philadelphia, educated at the Friends' school at Westtown, and was a graduate of both the Department of Arts and that of Medicine in the University of Pennsylvania. In 1856, when he received his medical degree, he entered the Frankford Asylum as assistant-physician, and subsequently served as resident physician in the Pennsylvania Hospital. He for many years was connected with the Philadelphia Lying-In Charity, to which he was elected attending physician in 1862, and he held this position until one year ago, when the condition of his health was such as to preclude the idea of his being able to resume his active duties at this institution, in which he always took a very warm interest, and where he established his reputation as a successful teacher of midwifery. He also delivered each year a course of lectures upon nursing.

He was instrumental in forming the Philadelphia Obstetrical Society, and was its President from 1874 to 1876. He was also one of the original members of the American Gynecological Society, and served as its President at its meeting in Chicago in 1884. His contributions to medical literature were, almost without exception, discussions of practical questions in connection with the department of medicine in which he was particularly interested; though not numerous, they gave evidence of original observation, good judgment, and familiarity with the current literature of his branch. He invented several instruments; but that with which his name is best known was an important modification of the Hodge pessary.

In the long months of sickness, from malignant disease of the bladder, his affliction was borne patiently and uncomplainingly, but, when the end came, it was welcomed as a release from suffering which had become intolerable.

Dr. Smith was the type of a Christian physician: he could have no higher eulogy. Modest, cultured, conscientious, and possessing innate refinement, his life was a perpetual rebuke to the impudent self-seeking and greed for gain which are fast assuming prominence in the professional life of the day.

OFFICIAL LIST

OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U.S. ARMY FROM DECEMBER 6, 1885, TO DECEMBER 19, 1885.

CAPTAIN WILLIAM J. WILSON, ASSISTANT-SURGEON.—Ordered for duty as Post-Surgeon, Plattsburg Barracks, New York.

CAPTAIN D. M. APPEL, ASSISTANT-SURGEON.—Ordered for duty at Jackson Barracks, Louisiana.

FIRST-LIEUTENANT H. P. BIRMINGHAM, ASSISTANT-SURGEON.—Ordered for duty at Camp Grant, Riverside Park, New York City.

FIRST-LIEUTENANT GEORGE E. BUSHNELL, ASSISTANT-SURGEON.—Ordered for duty as Post-Surgeon, Fort Preble, Maine.

S. O. 256, Department of the East, December 4, 1885.

FIRST-LIEUTENANT EDWARD EVERTS, ASSISTANT-SURGEON.—Ordered from Department of Columbia to Department of Arizona. S. O. 279, A. G. O., December 5, 1885.

FIRST-LIEUTENANT A. S. POLHEMUS, ASSISTANT-SURGEON.—Relieved from duty at Presidio of San Francisco, California, and ordered for duty as Post-Surgeon at Fort Halleck, Nevada, relieving Acting Assistant-Surgeon Loren N. Clark, U.S.A. S. O. 113, Department of California, November 30, 1885.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE U.S. NAVY FROM DECEMBER 6, 1885, TO DECEMBER 19, 1885.

PASSED ASSISTANT-SURGEON GEORGE C. LIPPINCOTT.—Detached from Navy-Yard, Washington, and wait orders.

PASSED ASSISTANT-SURGEON C. W. DEANE.—Ordered to the U.S. Receiving-Ship "Dale," as relief of Passed Assistant-Surgeon G. P. Lumsden.

PASSED ASSISTANT-SURGEON G. P. LUMSDEN.—Ordered to Naval Hospital, Washington.

PASSED ASSISTANT-SURGEON P. A. LOVERING.—Detached from U.S. Receiving-Ship "Wabash," and wait orders.